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DIFFERENTIAL CLIENT PERCEPTIONS

OF LAY VS. PROFESSIONAL COUNSELLORS

by

(C) BRIAN HINDMARCH

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH

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The undersigned certify that they have read, and
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. . . .
submitted by . . . . Brian Hiebert . . . .
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Doctor of Philosophy in Counselling Psychology.

. . . .
Supervisor

. . . .

. . . .

. . . .
External Examiner

Date . . . .

ABSTRACT

This research was conceptualized in an attempt to examine the relative client perceptions of lay vs. professional counsellors, based on reactions to the initial interview as measured by the Truax-Carkhuff Relationship Questionnaire and the Strong Problem Area Checklist.

Seven lay counsellors and four professional counsellors took part in the study. A total of 78 clients were seen.

It was found that clients rated professionals higher on core conditions, but did not indicate a greater willingness to discuss the various problem areas with either lay or professional counsellors. The relationship between core conditions and "willingness to discuss problem areas" was positively correlated for the lay counsellor sample but not for the professional sample. Level of counsellor experience and level of core conditions were minimally related in the lay counsellor group and not at all in the professional group. Level of counsellor experience and "willingness to discuss problem areas" were not related in either group.

It was concluded that despite Carkhuff's (1969) assertions to the contrary, these professional counsellors offered higher levels of core conditions to clients than did the lay counsellors.

Implications for lay counsellor training and utilization and possible avenues for further research are discussed.

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INTRODUCTION TO THE STUDY

There is an inherent danger in overenthusiastically accepting programs which "sound good" but lack a solid empirical base. This has often happened with new, popular "movements".

Although evidence is indeed mounting that paraprofessionals are filling a definite gap in a wide variety of mental health settings (Delworth, 1974), there have been as yet too few evaluative studies available to justify an unquestionning acceptance of the efficacy of personnel with relatively little training. The enthusiasm surrounding paraprofessionalism should therefore be tempered with a degree of caution.

This study was undertaken to help answer the question: "How do clients perceive lay counsellors as compared to professional counsellors?".

Background of the problem

The training and utilization of paraprofessional counsellors in community mental health delivery has been investigated by numerous authors in recent years (Rioch, Elkes, & Flint, 1965; Rioch, 1966, 1967; Carkhuff, 1969; Reif & Reisman, 1969; Gottesfeld, Rhee, & Parker, 1970; Matarazzo, 1971; Wangen, 1971; Strupp, 1973; Bellak, 1974; Luborsky, Singer, & Luborsky, 1975; D'Augelli & Danish, 1976). These publications have taken the form of research articles, doctoral dissertations, national surveys, position papers, and literature reviews, and almost unanimously state or imply that the use of trained lay personnel is in fact a viable solution to manpower needs in mental health services. This is particularly true in rural and/or isolated areas where there might other-

1

wise be no counselling services of any kind (McKinnon & Neufeldt, 1974).

Consequently, there has been an increasing tendency of mental health pro-

fessionals to develop roles in community-oriented programs, and "parapro-

fessionals (to) be utilized increasingly at all levels of mental health

work" (Rosenblum, 1972, p.3). In fact, there are now over 100,000 lay

"mental health care-givers" in the United States alone (Wolford, 1975).

Delworth & Moore (1974) have stated that "Carkhuff has shown that

trained lay counsellors can effectively bring about positive change in

helpees through counselling services...and also effect significant change

in helpees' lives through systematic programs..."(p.430). This may be

true, but they conclude (as does Carkhuff, 1969) that lay counsellors

can function as helpers, in a variety of modalities, with efficacy and

efficiency equal to that of professionals. Carkhuff, in fact, implies

that trained lay counsellors may even function at higher levels than

professionals on some dimensions. This position is difficult to defend

due to the lack of research on the quality of therapeutic relationship

which lay counsellors provide (Gruner, 1971; D'Augelli & Danish, 1976).

Before claiming the superiority of one group over another, or even

claiming their equality, it would seem logical to compare professionals

and paraprofessionals directly, on several dimensions of the therapeutic

relationship.

Purpose of the study

An intimate and non-judgmental counselling relationship has general-

ly been considered a necessary condition for client growth and change.

Many researchers have indicated that the levels of "facilitative cond-

itions" are the factors which directly contribute to client gains

(summarized in Barrett-Lennard & Jewell, 1966; Truax & Carkhuff, 1967). Rogers' original (1957) delineation of the "core conditions" -- warmth, empathy, genuineness, and unconditional positive regard -- form the basis of this line of research.

Luborsky, Singer, & Luborsky (1975) reviewed process and outcome studies from 1936 to date, and concluded that there were few significant differences as to the efficacy of the various schools of therapy. They state that:

> The most potent explanatory factor is that the different forms of psychotherapy have major common elements -- a helping relationship with a therapist is present in all of them, along with the other, related, nonspecific factors...This is expressed by Frank (1973), by Strupp (1973) and others. This is exactly where more research needs to be done -- on the components of a helping relationship (e.g., in Strupp's (1973) comparison of trained vs. untrained helpers). When differences among treatments do appear in some studies, they might then be explicable in terms of the proportions of these components. (p.1006)

In the case of lay counsellors, these "components" seem to be integrally connected to the counsellor's personality, his relationship with his client and his problems, and his ability to provide an acceptable model (Wolford, 1975). In fact, Carkhuff (1967) asserts that these "components" or "facilitative conditions" can be taught to suitable laymen in a relatively short period of time, and that these people will then operate at high levels on these dimensions. In fact, he states that these "lay counsellors" may provide even <u>higher</u> levels of core conditions than professionals due to the decreased Psychological distance" between themselves and the client.

The degree to which these conditions are present in the counselling interview may be assessed by a variety of instruments, such as the Truax

Rating Scales (Truax, 1962), the Barrett-Lennard Relationship Inventory

(Barrett-Lennard, 1962), and the Truax-Carkhuff Relationship Questionnaire

(Truax & Carkhuff, 1967). Although all of these instruments purport

to measure the same variables, they differ on a very important procedural

dimension -- namely, who is to do the rating: the therapist, an objective

third party, or the client himself? Despite a multitude of studies in

recent years, there is no conclusive evidence that one method is more

"accurate" than another in assessing the presence (or absence) of what

have come to be known as the "minimally facilitative conditions".

Rogers & Stevens (1967) point out that the therapist must not only

be empathic, he must be seen as empathic by the client with whom he is

in contact. If the process of client growth is at least partially depen-

dent on the client's perception of therapist-offered conditions, as the

client-centered school contends, then there should be a relationship be-

tween the client's perception of his therapist and the degree of positive

therapeutic change. In other words, since the paraprofessional approach

rests on the assumption that a help agent's personal attributes (embodying

the core conditions) are as important as education and formal training

in bringing about constructive behavior change in others (Sobey, 1970;

Truax & Lister, 1970; Gartner, 1971; Wolford, 1975), then a measure of

these attributes, as perceived by the client, should provide an indirect

index of overall therapeutic effectiveness.

Due to the scarcity of research in this area, it would appear

necessary to explore the differential perceptions of lay vs. professional

counsellors on the "core conditions" dimension, by asking the clients.

To what extent do clients perceive these "core conditions" in the lay

counsellor, as compared to the extent to which they perceive them in

professionals? Additionally, one might question what "problem areas" they would be willing to discuss with the lay counsellor, as compared to the problem areas which they would be willing to discuss with the professional counsellor? Although "therapeutic outcome" does not lie directly within the scope of this study, it is contended that how the client answers these questions <u>will</u> influence (a) whether or not he returns for further counselling, and (b) how effective that counselling will in fact be (Truax, 1971).

Although the accumulated body of research does seem to indicate that lay counsellors are indeed effective in varying degrees, this evidence is not extensive enough to warrant Carkhuff's firm and definitive stand on the issue, particularly in view of the fact that there is no evidence to show that <u>clients</u> perceive lay counsellors in the same light as they do professionals. Studies in the "outcome" area have utilized a wide variety of samples, research designs, rating methods, and outcome criteria, so that a direct comparison of studies is virtually impossible. As a result, any global inferences or conclusions drawn must of necessity be somewhat nebulous.

Previous research (e.g., Abeles, 1962; Kell & Mueller, 1966; Mullen & Abeles, 1971) seems to indicate that counsellor years of experience may be influential not only in determining the levels of therapist-offered facilitative conditions, but also affect therapeutic outcome. This suspicion is given further credibility by Pharis (1976, p.59), who states that "Problems abound when the therapist in outcome studies is considered. In many studies there are no data at all on the level of training or experience of the therapist. It is poor research to assume that therapist experience is an irrelevant variable. Ulenhuth (1975)

concurs that experience is an important factor which affects outcome.

In a recent study which <u>did</u> incorporate counsellor experience into the research design, Scher (1975) found that clients seeing experienced counsellors did, in fact, report better outcomes. In another study, Conklin & Nakoneshny (1973) investigated the influence of counsellor empathy on perceived counsellor role and found that counsellors rated "high" in empathy by their clients were considered to be more appropriate persons to discuss personal and social problems with than those counsellors rated "low". Level of counsellor experience was not taken into consideration.

In view of the foregoing, it would appear valuable to examine therapist years of experience in relation to both client-perceived "core conditions" and "problem areas". Also, this area has never been explored in the paraprofessional area, nor have professionals and paraprofessionals ever been compared on these dimensions. Unfortunately, it was not possible to formally test the hypothesis that increased experience leads to higher levels of core conditions due to the fact that the counsellor sample size was too small to produce results which could be considered statistically sound. As a result, this study addresses itself primarily to the following questions:

(1) Do clients differentiate between lay and professional counsellors on the basis of perceived core conditions?

(2) Do clients indicate a greater preference to take certain problem areas to either lay or professional counsellors?

(3) Is the level of client-perceived core conditions related to the level of client-indicated "willingness to discuss" certain problem areas?

(4)   Does counsellor experience influence either level of perceived core conditions or problem area preference?

Significance of the Study

Carkhuff (1969, p.10) has stated that compared to the professional, the lay counsellor

> ...appears to have a greater ability (1) to enter
> into the milieu of the distressed; (2) to estab-
> lish peer-like relations with the persons needing
> help; (3) to take a part in the client's total
> life situation; (4) to empathize more effectively
> with the client's style of life; (5) to teach the
> client, within the client's own frame of reference,
> more successful actions; and (6) to provide the
> client with an effective transition to higher levels
> of functioning within the social system. In short,
> the lay counsellor when appropriately employed can
> be the human link between society and the person
> in need of help -- a necessary link that profession-
> als are not now adequately filling.

In contrast to this rather global assertion of the efficacy of paraprofessional counselling, Pierog (1968) found no significant differ- ences in student-perceptions of trained vs. untrained school counsellors on the "core conditions" dimension. Other studies focussing specifically on core conditions and outcome have produced results which, although not negative, are at least equivocal (Truax et al, 1966; Kratochvil et al, 1967; Bergin & Jasper, 1969; Stoffer, 1970; Morgan, 1976).

In a study of the relationship of liking (warmth), empathy, and therapist level of experience, Mullen & Abeles (1973) attempted to pre- dict outcome based on these variables in varying combinations. Results indicated that there was a significant relationship between high conditions of empathy over any stage of therapy and successful outcome, and also

between low conditions of empathy throughout all stages of therapy and outcome categorized as unsuccessful. It was also found that inexperienced therapists were generally less empathic than experienced therapists.

This finding runs contrary to Carkhuff's implication that the more educated and experienced a therapist is, the less effective he becomes. Carkhuff is further contradicted by the findings of Abeles (1962), Kell & Mueller (1966), and Stoffer (1976), all of whom have presented evidence which indicates that the therapist's ability to be aware of and respond to affect in the client lies along a continuum of training and experience. For this reason, the amount of therapist experience (for both lay and professional counsellors) is incorporated into the research design of this study, albeit peripherally.

This research is an attempt to clarify the central issue of the Truax-Carkhuff school of thought -- namely, that lay counsellors are at least as effective or even more effective helpers than professionals -- at least as far as their clients are concerned. If this is really the case, then Carkhuff's position does indeed have serious implications for the future of both community mental health delivery and counsellor education as it is now known.

If Rogers' (1957) statement regarding the "necessary and sufficient conditions for positive personality change" is valid, it should follow that high levels of client-perceived core conditions can be equated with positive therapeutic outcome. If this is actually the case, and clients do perceive lay counsellors as offering equally high (or higher) levels of core conditions, this finding would further support Carkhuff's position. Otherwise his argument would be weakened considerably.

The "problem area" is also important here, in that if lay counsellors are indeed regarded by their clients as being at least as "helpful" or "approachable" as their professional counterparts (i.e., scoring as high as professionals on the core conditions), then it might be assumed that they would indicate as great a willingness to take as many problems to the lay counsellor as to a professional. If not, and clients were to indicate a greater preference for professionals despite a lower "core conditions" rating, then one might question whether the professional's "credibility" lies with his status, academic credentials, or assumed competency rather than his perceived therapeutic effectiveness.

In summary, it is the purpose of this research to either legitimize or refute Carkhuff's generally-accepted claims regarding the efficacy of lay counsellors, by comparing client perceptions of both lay and professional counsellors on the previously-discussed dimensions.

Definition of Terms

(a) "Lay counsellor", "paraprofessional", and "nonprofessional" are terms which are used interchangeably, and refer to counsellors who lack academic qualifications beyond the Bachelor's degree (in counselling) but have taken part in a training program given by a professional psychologist, and who then began to offer their services as counsellors in their respective communities on a part-time basis. The lay counsellors who took part in this study are paid a nominal fee for their services, and are supervised regularly by a professional. Support for this definition is found in Wolford (1975, p.2537) who defines a paraprofessional

as "a person who has not obtained a degree in one of the usual mental health professions, although he may hold a degree in the arts". By this definition, a holder of the Bachelor's degree in psychology, sociology, or social work would still be classified as a "lay" counsellor.

Due to the proliferation of workers in this category throughout the mental health system, the development of systematic training programs has been encouraged. These programs usually integrate didactic and experiential training methods which basically concern themselves with the development of "relationship skills". Depending on the theoretical bias of the program developers, emphasis may be placed on microcounselling, role playing, modelling, discrimination training, etc.

Of the various training programs, Carkhuff's two-volume Helping and Human Relations (1969) is probably the most well-known and widely-read. Utilizing the "core conditions" rating scales from which the Relationship Questionnaire was devised, Carkhuff bases his program on discrimination training in these conditions, and practice in the communication of them in simulated and/or real counselling situations.

Although the lay counsellors participating in this study received their training from a number of professionals over the course of several years, it would be safe to say that in general, their training incorporates many of the techniques outlined above, in an "affective" rather than "cognitive" framework.

(b) "Professionals", "professional counsellors", and "professional therapists" are defined as those having specialized training (in counselling) beyond the Bachelor's degree (either M.A., M.Ed., M.S.W., or Ph.D.) and offer counselling services to clients on a regular basis. The professionals who took part in this study consisted for the most part of advanced Ph.D. students or holders of the Master's degree.

(c) "Minimally facilitative conditions" or "core conditions" are those elements which were first described by Rogers (1957) and later expanded by Truax & Carkhuff (1967) to include "accurate empathy, non-posessive warmth, genuineness, intensity and intimacy of interpersonal contact, and concreteness".

CHAPTER II

REVIEW OF RELATED LITERATURE

Community Mental Health and the Paraprofessional

The concept of "community mental health' is a relatively new one, variously described a "mental health's third revolution", "a new therapeutic bandwagon", and "a movement in search of a theory" (Golann, 1969). Briefly, this "movement", if it may be so termed, subscribes to the rationale that the prevention and treatment of mental illness is best performed within the community, using existing supportive resources, so that treatment measures may be provided as early and as continuously as possible, with a minimum dislocation of the individual from his functioning environment. The total dimensions of this concept have been well elaborated by Brickman (1964), Smith & Hobbs (1966), Iscoe & Spielberger (1969) and Bellak (1974).

That this phenomenon is only now attaining widespread status is surprising in view of the fact that specific recommendations of the Joint Commission on Mental Illness and Health (1961) stressed secondary prevention -- i.e., that emotionally disturbed persons (those under psychological stress which they cannot tolerate) "should have skilled attention and helpful counselling available to them in their community if the development of more serious mental breakdowns is to be prevented", and that "a host of persons untrained or partially trained in mental health principles and practices... are already trying to help and to treat the mentally ill in the absence of professional resources. With a moderate amount of training through short courses and consultation

on the job, such persons can be fully equipped with an additional skill as mental health counsellors" (Joint Committee on Mental Illness and Health, 1961, p.111).

This position was essentially reiterated in the A.P.G.A. (1967) Policy Statement and by others (Reif & Reisman, 1964; Schachnow & Matorin, 1969; Scherl & English, 1969; Kelly, 1970; Cowen, 1973; Bergin & Strupp, 1973; Ivey, 1973; Wolford, 1975) who have emphasized indirect services, working through personnel already known and available in the community.

One of the specific recommendations of the 1968 Alberta Mental Health Study was that "because volunteers have made a valuable contribution to the care of the mentally ill through mental hospitals, all possible encouragement should be given to the Canadian Mental Health Association Volunteer Program by the (Alberta) government" (Blair, 1969). Volunteers were in this case support personnel, although in recent years the Canadian Mental Health Association has been moving rapidly toward fostering the use of trained, indigenous "helpers" in as many areas as possible. In October, 1974 a national "Teach In" was held in Ottawa which completely centered around the training of paraprofessionals who were to return to their respective communities and instigate community mental health services of various kinds. Essentially the same recommendations were made in Ontario (Hanley, 1970), where the training of paraprofessionals by psychiatrists was initiated in some urban centers, following the model prescribed by Thompson (1966).

In the Canadian North, several surveys have been made of mental health needs (Willis, 1960; Atcheson et al, 1969; Brett, 1971; Abbott & Kehoe, 1972; Nickels & Kehoe, 1972), and some have specifically recommended the training and use of indigenous paraprofessionals (Clapp, 1973; McKinnon & Neufeld, 1974) to meet these needs, but as yet there are

no specific programs for this purpose anywhere in the Canadian Arctic.

There are, however, many community mental health programs in opera-
tion in North America at the present time, ranging from comprehensive
inpatient and outpatient services to small, "drop-in" centers staffed
by two or three volunteers. Many of them employ paraprofessionals
in treatment capacities, including psychotherapy (Barten, 1975) and
behavior therapy (Teicher et al, 1976). Levinson & Reif (1969) estimated
that 42% of the staffs of community mental health centers (in the United
States) were composed of paraprofessionals and that the percentage
was increasing at that time. Considering the increasing demand for,
and limited supply of, professional counsellors, it seems clear that
this movement toward "paraprofessionalism" will continue to grow in
the forseeable future, particularly in view of the burgeoning interest
in the development of community models for mental health delivery (Speer
& Tapp, 1976).

Many authors have written about nonprofessional programs in terms
of their potentials and limitations (e.g., Goldberg, 1969; Rioch, 1967),
but perhaps the most serious concern was expressed by Arnoff & Rubenstein
(1969, P. 168) when they stated that the "mere proliferation of new
mental health manpower without seriously considering the underlying
conceptual-ideological issues or optimal patterns of use is not in and
of itself a solution to mental health needs." In addition, reservations
have also been expressed (Cowen, 1973) that nonprofessionals may be prone
to such ineffectivenesses as excessive dependency, panicking, projecting
one's problems onto others, lack of sophistication, etc...The individual
or social dangers of these sins, however, seem far less grave than
those resulting from the professional's sins of omission" (Zax & Cowen,

1972).

In Alberta, counselling centers staffed by paid lay counsellors
are now well established in many rural and urban areas, and it would
appear that these facilities are indeed meeting a need within their
communities. However, these lay helpers have been trained in the Truax-
Carkhuff model for the most part, and it would seem that research should
now be undertaken to determine how their services are perceived by
those who utilize them, considering the relatively unsubstantiated
claims which have been made concerning their efficacy in relation to
that of professional counsellors. "The very nature of these programs,
especially their capability of reaching large numbers of potential
helpers, makes such evaluation responsibility of the mental health
professional of the 1970s" (d'Augelli & Danish, 1976, p.252).

The Client as "Evaluator"

In commerce, the client is the ultimate judge of a product's quality.
In the mental health field, it would seem to follow that the client
could be considered the ultimate judge of how he feels, and whether
or not he has been "helped". As Grigg & Goldstein (1957, p.31) have
stated:

> It seems plausible that any adequate cri-
> terion of counsellor performance must include
> some client-observed and client-reported vari-
> ables. Some appraisal of the client's reaction
> to the counsellor and to counselling should be
> obtained before we can say that we have any comp-
> rehensive understanding of who makes a good
> counsellor and what constitutes successful coun-
> selling technique. Success in therapy is not un-
> like success in the practice of law or medicine:
> a successful practitioner, among other things, is
> one who elicits favorable reactions from the re-
> cipients of his services.

The premise that client feedback can provide valuable information
in process and outcome research, despite its' being tainted with "sub-
jectivity", is not a recent concept. As early as 1953 Mowrer reported
significant differences in client ratings of tension in the counselling
session between those clients who remained in therapy and those who
terminated prematurely. Evaluating counsellor techniques and thera-
peutic effectiveness through client opinion has been explored in numerous
studies since (Grant, 1954; Jensen, 1955; Grigg, 1961; Lorr, 1965;
Fox & Lessler, 1969; Stoffer, 1970; Bishop, 1971; Rickabaugh, Heaps
& Finlay, 1972). Despite some professional criticism of client ratings
as having a "propensity for subjectivity and bias" (Patterson, 1958;
Pohlman, 1961, 1964; Rosen, 1967), the majority of findings seem to
indicate that this approach is a valid one.

It may be contended that all "ratings", regardless of who does
the rating or the criteria used, are to a certain extent "subjective",
by virtue of the fact that the therapeutic conditions are being perceived
and reported, and not measured in the sense that a drug or physical
treatment is measured, weighed, or otherwise quantified. Rather, these
therapeutic conditions are a feeling state, an "emotional linkage",
and must of necessity be conveyed in other than strictly quantifiable
means. Consequently, the use of third-party ratings, regardless of
how rigorous the criteria, cannot be expected to fully aprehend the
complex interactional nuances present in the highly emotional encounter
of a counselling interview. Haase & Tepper (1972) studied the relative
contribution of verbal and nonverbal behaviors to the judged empathy
ratings of 26 experienced counsellors, and found that nonverbal effects
(body orientation, gestures, etc.) accounted for twice the variability
as compared to the verbal message. It does not then seem realistic

to assume that the presence of warmth, empathy, genuineness and regard can be accurately quantified simply by assigning a number to audiotaped excerpts of an interview about which the rater knows nothing.

It is readily apparent that despite the large amount of time and energy which has been invested in research in this area, findings are still far from definitive. Ulenhuth (1975, p.942) states that:

> The "central therapeutic ingredients" of psycho-
> therapy have not yet been identified clearly. Indeed,
> the analogy to medication, despite its attractiveness,
> eventually may prove inadequate for conceptualizing
> psychotherapeutic influence. For the time being the notion
> is useful, partly because it highlights the still unre-
> solved issue between specific procedures (skills) and less
> tangible personal qualities as the principal therapeutic
> tools. The final common pathway of both, of course, is
> the therapist's specific behavior.

Frequently, evaluation research which utilizes "objective" ratings displays as much subjectivity and bias as client ratings are accused of having. For example Hunter & Ratcliffe (1968) assessed the degree of client "change" by a one-year follow-up of each client by the con-sultee, who was asked to rate his client's social adjustment or symptom behavior as "better", "same", or "worse". The primary criterion upon which this rating was based was the client's observed behavior towards other people in his environment: family members, peers, friends, or caretakers. This type of research not only raises the question of rater reliability, but also the possibility that the raters may base their ratings on factors other than the client's behavior, or be otherwise biased.

Some studies utilizing client feedback have also produced results which are open to varied interpretation. Talland & Clark (1954), for example, found that "clients are able to rank consistently the helpful-ness of discussion of various topics in therapy", and furthermore, that

"those topics which have caused the client the most concern are those topics ranked as most helpful". The value of such research, regardless of who generates the data, is often questionable.

The seeds of skepticism sown by Eysenck (Seeman, 1955) still foster bitter partisan disputes as to what really constitutes counselling "effectiveness" and how it is best measured, as witnessed by the heated exchange between Seika et al (1971) and Truax (1971). In this dispute both parties appear to be vying for "academic supremacy" rather than contributing to the clarity of the basic issues involved. In the process of such intellectual parrying, it becomes easy to lose sight of the question "How does the client feel?"

Ingwell (1970) examined the relationship between charismatic and external counselling condition variables on client perceptions of a counsellor's core conditions, and the relationship between charismatic and external counselling condition variables and their effect upon client perceptions of the counsellor's source credibility. Forty-four college students were randomly assigned to one of **four experimental** treatments

(a) high charisma, low external counselling conditions;

(b) low charisma, high external counselling conditions;

(c) high charisma, high external counselling conditions;

(d) low charisma, low external counselling conditions.

The charisma variable was manipulated by informing the subjects that their interviewer was either a high-status professor, or that he was a graduate student on a work-study program. The external counselling condition variable was manipulated by having the interviewing take place in either a large, well appointed, neat office or in a much smaller, messy one.

Each subject was interviewed about her dream behavior for fifteen minutes by the same interviewer, regardless of the experimental treatment. After each interview, subjects were taken to a separate room where they recorded their impressions of the interviewer on the Relationship Questionnaire and the Counsellor Rating Scale. Hypothesis I, that the perceptions by clients of the Truax-Carkhuff facilitative conditions are a function of charismatic variables and/or of the external counselling conditions, was largely supported. Hypothesis II, that the perceptions by clients of counsellor credibility are a function of charismatic and/ or external counselling conditions, was not supported.

Thus, it would appear that a counsellor's credibility may depend more on the levels of facilitative conditions which he offers than upon the introduction which he receives, even on the basis of a first, fifteen minute interview. This finding lends support to Ziemelis' (1974) study of the effects of client preference and expectancy upon the initial interview, in which he found that "contrary to the dissonance theory, most subjects manifested increased liking for assigned counsellors", even if negative expectations were induced. He concluded that "competent practitioners can transcend the potentially disrupting effects of disconfirmed expectations" (p.29). He also found that client self-reports did not agree with nonparticipant evaluations, adding further support to the contention that clients, counsellors, and objective raters do not view the counselling interview through the same eyes, a finding inferred by Pohlman (1964) in a similar study. Truax & Mitchell (1968) discuss the question of expectancy and credibility, concluding that most of the studies in this area suffer from the difficulty of disentangling several related dimensions, in addition to the interwoven and

possibly confounding effects of both patient and therapist expectations.

Client ratings on specific in-therapy variables have been associated with outcome in a number of studies. Grigg & Goldstein (1957), using a self-report questionnaire, found that patients who perceived a close relationship with their therapist reported significantly more favorable therapeutic success than clients who perceived otherwise. Van der Veen (1961) found significant positive correlations between outside judges ratings of improvement and client ratings of a positive thera-peutic relationship. Barrett-Lennard (1962) found that in a study of 35 cases, the 16 clients who showed the greatest change throughout therapy perceived significantly higher levels of therapeutic conditions from their therapists than did the 19 clients who showed the least change.

Further evidence supporting the use of client ratings is also found in the Kurtz & Grummon (1972) study in which six empathy measures (using clients, therapists, and expert judges as raters), a measure of therapeutic progress, and several outcome measures were correlated. It was found that only client-perceived empathy was strongly ($<$ .001) related to outcome. Tape-judged empathy was "slightly" related, and in the remaining empathy measures, no relationship to either process or outcome was noted. In contrast, Hill & King (1976) compared the per-ceptions of clients, counsellors, observers, and raters, using the Truax Relationship Inventory (Truax & Carkhuff, 1967) and the Carkhuff (1969) empathy rating scale. Results indicated strong agreement among all participants both instruments.

Because of the extreme subjectivity involved, there appears to be some limitation on the validity of any ratings of counselling behavior, regardless of where they emanate from. All judgements should presumably

show the effects of transference and identification, or may be confounded with desires for the counsellor's success. In addition to this subject-ivity, the degree of client initial disturbance has also been shown to be an important determinant of how the therapeutic interview is perceived by the client (Truax, 1962, 1971; Altmann, 1973).

There likewise is little concensus in the literature as to the best point in therapy at which to measure therapist-offered facilitative con-ditions. Using the Relationship Inventory, Barrett-Lennard (1962) gath-ered data after five, fifteen, and twenty-five interviews, and concluded that "There is little evidence of change in the average quality of the client-therapist relationship (as reported by the client) at different points in therapy"(p.14). Although there was some variation in individ-ual cases, there was no constant pattern to this variation as a function of time in therapy. The same was not true of therapist perceptions, where "closely similar means occur at the different test points with monotonous regularity" (Barrett-Lennard, 1962, p.14). It was also found that the client's perceptions were more predictive of outcome than were the therapist's, lending more support to the use of client ratings. Barrett-Lennard's findings were essentially replicated by Stoffer (1970) who, in an investigation of positive behavioral change as a function of the core conditions, found that group means for the rated conditions were nearly identical for early and late interviews. Ratings were done by both counsellor and client.

Some theorists have, in fact, come to believe that the best place to gather data is in the initial interview. For example, Friedman (1975, p.95) states that "the beginning encounter is a good place to look for

the basic elements of psychotherapy. That is not because it encompasses all important features, but the beginning of treatment is interesting because in it major problems of the therapeutic task stand out most boldly". D'Augelli & Danish (1976) also feel that subjective reports of clients are more important during the initial stage of the helping relationship since it is then most critical that the client view the helper as interested, sincere, and competent.

Regardless of how the therapist rates the quality of the relationship, it would appear that the client's perception of it is an important determinant of not only how effective that counselling will be, but of whether or not the client continues in counselling. In an investigation of levels of accurate empathy, non-possessive warmth, and genuineness provided by counsellors in the initial interview, Altmann (1973) examined the continuing or terminating effects of these variables upon clients, and found that empathy ratings (with normal clients) were significantly ($<.001$) higher for continuing clients than those who terminated. Warmth and genuineness were also higher, but not significantly so. These findings were not confirmed with schizophrenic client's ratings, which further supports the conclusions drawn from Truax's (1962) Wisconsin study in which he found that empathy was threatening to severe schizophrenics, and that the higher the level of accurate empathy in the initial interview, the fewer the number of interviews the patient subsequently engaged in. In summary, these findings seem to suggest that client ratings are most valid when basic communication skills are not impaired by emotional disturbance so severe as to seriously inhibit effective verbal interaction.

Relationship of "Core Conditions" and Therapeutic Outcome

Despite the protestations of Eysenck and the "spontaneous remis-
sion" theorists (Seeman, 1965) it is apparent that counselling is indeed
effective in view of the increasing body of evidence (e.g., Campbell,
1965; Bergin & Garfield, 1971). This body of research examines, to a
large extent, factors in the patient-therapist relationship which might
account for therapeutic change. For example, Lewis & Krauss (1971) have
suggested that client self-disclosure and self-exploration are important
determinants of psychotherapeutic change, as have others (Barrett-Lennard,
1962; Jourard, 1964; Truax & Carkhuff, 1967).

The question still remains, however, as to what fosters these
"important determinants". Truax & Mitchell (1971) have stated that
"...significant and positive relationships have been demonstrated between
positive client change and at least certain minimal levels of accurate
empathic understanding, nonpossessive warmth, and genuineness". These
therapist conditions have been defined and their relationship to outcome
explored in a large number of studies previously summarized in Truax &
Carkhuff (1967) and Truax & Mitchell (1968). These ingredients of the
psychotherapeutic relationship are aspects of human encounters that cut
across parochial theories of psychotherapy (Truax & Mitchell, 1971).

Truax & Carkhuff (Mimeo, a) point out that the core conditions
have been almost universally singled out as essential to the psycho-
therapeutic process: "Psychoanalytic theorists such as Alexander (1948),
Ferenczi (1930), Halpern & Lessler (1960), and Schafer (1959); client-
centered theorists such as Dymond (1949), Jourard (1959), and Snyder
(1961); and eclectic theorists such as Fox & Golden (1963), Rausch &
Bordin (1957), Strunk (1957), and Strupp (1960), have all emphasized the

importance of the therapist's ability to sensitively and accurately understand the client and to communicate a 'nonpossessive warmth' and acceptance of the patient".

Ulenhuth (1975) outlines the factors which affect outcome as being:

(a) theoretical orientation: although there is no empirical evidence to show that one orientation is "better" than another (Luborsky et al, 1976);

(b) setting: not supported in Ingwell's (1970) study of client ratings and counsellor "charisma";

(c) therapist's style: a combination of the therapist's person- ality, orientation, and procedures. The most abundant research in this area has come from the client centered school, most notably the research led or inspired by Rogers, Truax, or Carkhuff;

(d) therapist's experience: a factor that intuitively seems im- portant in therapeutic results. The weight of the evidence favors this idea (Meltzoff & Kornreich, 1970; Pharis, 1976).

Rogers' original (1957) assertions have stood the test of time and have been supported in studies too numerous to cite. As a typical example, Truax et al (1966) found that levels of core conditions were "causally related to the degree of patient improvement or deterioration. An equal number of "good" and "poor" therapy prospects were randomly assigned to four resident psychiatrists (ten patients each) for four months of therapy. Truax's findings tended to confirm the positive relationship between the core conditions and favorable outcome. On the overall measure for all patients, therapists providing high therapeutic conditions had 90% patient improvement while those providings lower conditions had 50% improvement,

yielding a high vs. low conditions significance level <.01. Patient outcome was measured by:

(a) patient global improvement scale filled out by the therapist,

(b) patient global improvement scale filled out by the patient,

(c) change score of discombort scale filled out by the patient,

(d) social ineffectiveness ratings filled out post-therapy by a research interviewer, and

(e) the target symptom improvement scale filled out by the patient posttherapy.

Truax notes that "caution should be used in interpreting high vs. low conditions on the therapist statement of global improvement measure. It is possible that the therapist's perception of positive patient change may be partly a function of the same personality characteristics which lead to high conditions. In other words, therapists high in accurate empathy and genuineness might tend to see greater improvement than do therapists who are lower on these conditions" (p.112). This would then produce the very "subjectivity and bias" which client raters have been accused of (Patterson, 1958). Truax's tentative interpretation thus weakens the argument that therapists or expert judges are the most cap-able of accurately rating the quality of the therapeutic relationship on the core conditions dimension, which, if the vast accumulation of research findings is to be believed, leads to positive personality change, regard-less of how it is defined or quantified.

As Strupp et al (1959) have pointed out, the difficulty in eval-uating psychotherapeutic treatment is in establishing outcome criteria which one is willing to accept. Despite extensive research (three major national conferences on psychotherapy reported in Rubenstein & Parloff,

1959; Strupp & Luborsky, 1962; Schlein et al, 1968) total agreement on outcome criteria has not (and perhaps never will be) reached. However, whether outcome criteria are based on change in "self-concept" (Rogers & Dymond, 1954), "social adjustment" (Mintz, 1972), "self-esteem" (Perlman, 1971), or more "global" ratings (Garfield, Prager & Bergin, 1971; Truax, 1971), there does seem to be at least one commonality -- that positive outcome is closely related to the degree of therapist-offered facilitative conditions, regardless of the theoretical framework within which they are provided.

In one of the largest outcome studies to date, Strupp et al (1969) compared the therapy evaluations of several hundred psychiatric patients over the course of several years with the therapy evaluations of the clinic in which they were treated. They used an 84-item questionnaire to determine areas of agreement regarding the ingredients of a successful therapeutic action. The most significant finding was the constellation of data pointing toward the importance of interpersonal relationships in the resolution of emotional problems -- "positive attitude toward the therapist proved to be closely related to success in therapy, regardless of how that success is measured", and "patients who rated their own therapists as warm, attentive, interested, understanding, and respectful", tended to describe their own therapy as successful, the composite image of the "good therapist" drawn by their respondents being that of a "keenly attentive, interested, benign, and concerned listener" (p.8). It must be remembered that client ratings were done in retrospect, and it could be that in this case the therapeutic outcome affected client perceptions as well as the reverse, as is more commonly the case. In other words, the patient who gets better may tend to see his therapist in a more

positive light than if he does not. Hathaway (1948) has termed this effect the "hello-goodbye" phenomenon, in which clients may "halo" the counselling experience as being totally good (in retrospect) if they are happy about the outcome. Later writers (Grigg & Goldstein, 1957) have agreed that client judgements of the effectiveness of counselling immediately following the termination of counselling will in all liklihood be affected by the phenomenon described by Hathaway. However, subsequent studies (e.g., Truax, 1971; Kurtz & Grummon, 1972) have confirmed Strupp's (1969) findings, adding further support to what the client-centered theorists have always contended -- that positive therapeutic outcome is related to high levels of core conditions, regardless of how (or when) these conditions are measured.

Partisan theoretical formulations aside, however, Strupp et al (1969) summarize the issue quite succinctly when they state that "whether the gains experienced are purely subjective or demonstrable by objective criteria as well is a question of no interest to the patient who feels that his suffering has diminished and that the experience has been worthwhile" (p.8).

Since this is precisely what all counselling services attempt to accomplish, it would seem that a comparison of client perceptions of lay vs. professional counsellors would provide valuable insight into how effectively these two groups go about meeting this need, in terms of providing "minimally facilitative" levels of core conditions, and establishing the rapport and trust upon which subsequent counselling sessions are based.

Client/Counsellor Sex and the "Problem Area" Dimension

Perceptions of counsellors held by clients have long been of concern to counselling psychologists. Typically, studies have examined the relative appropriateness for counselling of various problem areas (e.g., personal, vocational) as viewed by clients, faculty, or other counsellors (Warman, 1960; Dunlap, 1965; Resnick & Gelso, 1971; Wilcove & Sharp, 1971; Gelso, Karl & O'Connell, 1972). However, many of these studies involve the measurement of client suppositions rather than perceptions. For example, Strong et al (1971) examined college students views of counsellors, advisers, and psychiatrists by means of a 100-adjective checklist, and a "problem area" list of nine items, each of which was rated on a five-point scale as to the liklihood of their discussing that particular problem with a member of a given profession. The subject completed these instruments as they thought that person would be. A later, enlarged replication of the same study (Gelso & Karl, 1974) followed the same procedure with the same instruments, and did not differ significantly in it's conclusions. Although studies of this nature do provide insight into how a profession is perceived by (potential) clients, they do nothing to relate a member of that profession's attributes (e.g., core conditions) with his post-interview "credibility" or "approachability" as measured by the number or type of problem areas which the client-rater sees as being suitable for discussion with that person. It has been shown (Grigg & Goldstein, 1957; Altmann, 1973) that in some cases these dimensions are directly related to client attrition, as well as to therapeutic success.

Counsellor "approachability" in terms of "problem areas" has been shown to be related to the quality and type of relationship offered to the client in several studies. Nelson (1972) investigated the relation-

ship between high school students' perceptions of counsellor behavior and the problems students were willing to take to those counsellors, and found that students expressed more willingness to discuss both "social-personal" and "educational-vocational" types of problems with counsellors whom they described as "personally involved and manifesting feeling approaches to student problems". Similar conclusions were also reached by Grater (1964) using only first-interview data. He found that clients who deemed counsellor "affective characteristics" (warm, friendly, and accepting) more important than "cognitive" ones (logical, knowledgeable, efficient, poised) focussed more on personal-social than educational-vocational problems in the first interview than those clients favoring "cognitive characteristics". Conklin & Nakoneshny (1973) found that counsellors rated "high" in empathy were considered more appropriate persons to discuss personal and social problems with than those rated as "low". No significant results for educational and vocational problems were found. Also, female students considered both types of problem areas significantly more appropriate than did male subjects.

There is no clear relationship apparent in the literature between sex and problem areas. In the Strong et al (1971) study, all subjects were female, and though Wilcove & Sharp (1971) indicated that males and females did differ somewhat in the problems viewed as appropriate for discussion with counsellors. However, Gelso & Karl's (1974) study took client sex into consideration, and no differences on the problem area dimension were apparent. In another study taking into account the sex of both client and counsellor, Fuller (1964) examined whather clients referring themselves for counselling had preferences regarding the sex of the counsellor to whom they would be referred, and whether presenting

problems varied with the sex of the client. He found that males expressed a greater preference for male counsellors on both vocational and personal problems than for female counsellors. Females, on the other hand, expressed greater preference for female counsellors on personal problems, but a greater preference for male counsellors on vocational problems. However, since the recent advent of the women's liberation movement, sex roles and stereotyping have been in a state of relative flux, and as a consequence these findings may not be as accurate today as they may have been several years ago.

Client/counsellor sex differences have been explored in other areas as well. Jourard (1964), for example, attached considerable importance to obtained sex differences in the area of self-disclosure, claiming females to have considerably higher self-disclosure scores than males. Cozby (1973), in an overview of the literature, cites a number of studies which replicate this finding. However, he also cites a number of studies which report no sex differences in self-disclosure, and suggests that the conflicting findings may be the result of samples from different geographical areas with a concommitant difference in sex-role differentiation. Racial, ethnic, and social class factors may be included in this explanation as well.

Findings concerning sex differences in client and counsellor perceptions of the counselling process are likewise unclear. Barrett-Lennard (1962) cited conflicting studies in this area, and consequently attempted to control for sex differences in his research design, allowing for all combinations of same- and opposite-sex client/counsellor pairings in both his expert and non-expert counsellor groups. However, in the majority of recent related studies, sex differences are seldom either mentioned

or controlled for (e.g., Kurtz & Grummon, 1972; Altmann, 1973; Lin, 1973; McWhirter, 1973). Also, it should be noted that in their extensive exploration of the counselling process (with both lay and professional counsellors), neither Truax nor Carkhuff have placed any emphasis on sex differences in either research designs or resultant discussions.

In view of the foregoing, it would seem legitimate to disregard client-counsellor sex differences in the research design of this study.

CHAPTER III

METHODOLOGY AND EXPERIMENTAL DESIGN

Preliminary Arrangements

It was believed at the inception of the study that eight "lay-counselling" centers were in operation in north-central Alberta, functioning under the auspices of the Department of Preventive Social Services. In September, 1975, a form letter (Appendix I) was mailed to the Director of each of these P.S.S. regional offices, outlining the purpose of the study and soliciting his co-operation. These letters were subsequently followed by telephone contact with each counselling center, and initially six agreed to participate in the study. These centers were then visited by the investigator, who met with the lay and professional staff to explain the research in greater detail, answer questions, and distribute the test instruments.

When it became apparent in November, 1975 that some professionals were playing a supervisor/consultant role, and not seeing clients individually, three more professionals engaged in private practice were contacted. All agreed to participate in the study and questionnaires were then distributed to these individuals.

Sample

I Lay Counsellors

Of the six counselling centers involved in the study, only two provided a continuous flow of data. One consisted of three lay counsellors and one professional, the other of four lay counsellors and a

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consultant who did not see clients individually. Thus the lay coun-
sellor sample consisted of seven individuals (three male, four
female), each of whom completed a Counsellor Data Sheet (Appendix II)
which provided biographical data and educational background.

Four of the lay counsellors possessed Bachelor's degrees, the re-
mainder were high school graduates. Only two of the degree holders had
taken any formal (i.e., university) training in counselling. All had
taken part in numerous counselling seminars and workshops, and all
were supervised by a professional on a regular basis. Their counselling
experience ranged from 1.5 to 10 years, with a mean of 4.8 years. Time
spent in counselling ranged from 5 to 16 hours per week, the mean being
9.5 hours.

II Professional Counsellors

Since only one counsellor included in the original sample actually
provided any data, the remainder were supplied by three professionals
who worked in the same or comparable outlying communities (based on 1971
Statistics Canada demographic data). Their level of education/training
ranged from Master of Science degree to Ph.D. candidate, and all were
practicing professionals on a full-time, permanent basis. Two were male
and two were female. Their level of experience ranged from 2 to 14 years,
with a mean level of experience of 6.2 years. Time spent in counselling
ranged from 8 to 30 hours per week, the mean being 16 hours per week.

III Clients

Demographic data were obtained on each of the four communities
involved, drawing from the 1971 Canadian Census figures provided by
Statistics Canada. Mean family income range was less than $2,000.00
across communities. Populations varied from 3,860 to 8,670. Occupations

were predominantly categorized as "Service" (i.e., labor, low-level management, clerical, and farming). On the Pineo-Porter Occupational Prestige Scale (Pineo & Porter, 1966), scores attached to these occupations range from 26.5 to 42.0, respectively. There were no differences in these scores across communities which appeared large enough to warrant testing statistically. The overall client mean was approximately 39.0 in each community. Thus, the socioeconomic and demographic variables appeared to be suitably homogenous to justify treating the communities involved as a common sample, using the above criteria.

The client sample consisted of individuals seeking help either at one of the counselling centers participating in the study, or with one of the professional psychologists in private practice.

The face sheet of the Client Form (Appendix III) provided biographical data, as furnished by the clients themselves. Of the client group who saw a lay counsellor, 80% were female, with a mean age of 29. Of those who saw a professional, 74% were female, with a mean age of 23. For both groups, the average level of education was equivalent (11 years for those who saw professionals and 11.4 for those who saw lay counsellors). In virtually every case, the occupation of the client or client's spouse fell into the "Service" category as defined by Statistics Canada. The mean Occupational Prestige score for those who saw professionals was 38.8, and for those who saw lay counsellors 40.2.

For both lay and professional counsellor interviews, duration of time spent in actual counselling varied from approximately 45 minutes to 1½ hours. The average interview was approximately one hour in length.

There did not appear to be any striking differences between client groups in their reasons for seeking counselling. Replies such as "emotional problems due to separation", "unnecessary worrying", and "to work out problems I'm having at home" were typical responses for both groups.

It has been suggested that client initial disturbance exerts a strong influence on the perception of interpersonal exchanges (e.g., psychotics tend characteristically to distort or misperceive relationships). Truax (1971), in a study utilizing a battery of outcome measures with institutionalized juvenile delinquents, emotionally disturbed outpatients, and hospitalized mental patients, obtained significant positive correlations ($< .05-< .01$) between client outcome and level of perceived therapeutic conditions with the first two groups, but not with the latter. He concluded that "measures such as the Relationship Questionnaire are indeed useful when dealing with clients who are not seriously disturbed in their ability to perceive and report...By contrast, in schizophrenic or psychotic clients who have severe distortions in their perceptions, such measures as the Relationship Questionnaire appear to be less useful as measures of the therapeutic conditions" (p. 400). Thus, Truax's findings seem to indicate that the severely disturbed client is unable to report or perceive core conditions accurately, a position also taken by Prager & Garfield (1972). For this reason, the question "Have you ever been in hospital because of an emotional problem, or under the care of a psychiatrist?" was included at the end of the client form. Only three clients in the sample responded in the affirmative. One was on an incomplete (and thus invalid) client form, one was found to have

only consulted a psychiatrist and was therefore included, and the third had been hospitalized and was dropped from the study. Consequently, it is assumed that the sample in this investigation consisted of mildly-disturbed, non-psychotic individuals who made an initial contact with a counsellor to obtain help with a variety of situationally-oriented problems.

Instruments

I Problem Area Checklist

Strong's "Problem Area Checklist" (Strong, Hendel, & Bratton, 1971) was used to assess the degree to which the client deemed each "problem area" as being suitable for discussion with the counsellor whom he had just seen. These nine problem areas were formulated by the authors as part of their examination of college students' views of counsellors, advisers, and psychiatrists. Gelso & Karl (1974) utilized the same instrument to assess differential perceptions of counsellors and other "help givers". In both cases, significant differences were obtained between groups being rated, but no specific reliability or validity data were available on this instrument. In this study, it was used simply to provide some index of client-perceived "usefulness" or "approachability" of the counsellor being rated. The problem areas, each of which was rated on a five-point Likert-type scale from "very unlikely" to "very likely", were as follows:

(1) Choice of occupation

(2) Difficulty with grades

(3) Achieving self-development or fulfillment

(4)   Gaining insight into personal strengths and weaknesses

(5)   Developing more effective ways of handling personal problems

(6)   Difficult relations with family

(7)   Problems in getting along with friends

(8)   Uncomfortable feelings or emotions

(9)   Problems of sexual adjustment

II   Relationship Questionnaire

To assess the levels of core conditions perceived by the client
as being present in the encounter, the Truax-Carkhuff (1967) Relationship
Questionnaire was used in this study. This instrument consists of 141
items scored True or False and measures five facilitative characteristics:
accurate empathy, nonpossessive warmth, genuineness, intensity and intimacy
of interpersonal contact, and concreteness. It was originated by C.B.
Truax in 1963 and is a translation of the previous scales used for
rating objective tape recordings into a questionnaire format which can
be answered by the client. In this respect, it closely follows the
thinking and earlier work of Barrett-Lennard (1962) in his development
of the Relationship Inventory, in that it is an attempt to obtain answers
which reflect how the client perceives therapist responses.

In the case of Barrett-Lennard's instrument, which consists of
64 items measuring "regard, empathy, unconditionality, and congruence",
the client is asked to rate each statement on a six-point scale from
-3 to +3. Formal content validation procedures and split-half reliability
assessment were carried out before the instrument was used for research
purposes.

Truax's instrument closely parallels Barrett-Lennard's on most items -- e.g., "Some things I say seem to upset him" on the Relationship Questionnaire as compared to "He is disturbed whenever I talk about or ask about certain things" on the Barrett-Lennard Instrument.

In a revision and validation of the Relationship Questionnaire, Lin (1973) reported correlations ranging from .63 (warmth) to .81 (empathy) between the Barrett-Lennard and the Truax-Carkhuff instruments. The Truax-Carkhuff instrument was used in preference to Barrett-Lennard's for a number of reasons:

(a) it more closely parallels the dimensions upon which the para-professional training model is based by including the dimensions of concreteness and intensity and intimacy of interpersonal contact (and is thus also more comprehensive),

(b) it is more easily filled out by the client and may also decrease "response set" in that the client is asked only to provide a True or False response to each statement rather than rate each one on a six-point scale, and

(c) according to Carkhuff, the effectiveness of lay counsellors hinges upon precisely those characteristics which the instrument measures.

Parenthetically, Hill & King (1976) compared the Relationship Questionnaire to Carkhuff's (1969) rating scales across counsellors, clients, and observers, and found in a cross-validation check that clients were consistent across measures ($r = .67$, $p < .01$), as were counsellors ($r = .74$, $p < .01$). Interestingly, one-way ANOVA's did not reveal significant differences between clients, counsellors, and judges on either the Relationship Questionnaire or the Carkhuff Rating Scales, leading the authors to conclude that the perceptions of clients, counsellors,

and (to a lesser extent) judges are similar, regardless of the instrument used.

This is in direct contrast to McWhirter's (1973) study in which he obtained no significant correlations between client ratings on the Barrett-Lennard instrument and trained judges ratings of the counselling relationship. In turn, Kurtz & Grummon (1972) found in an investigation using six different measures of empathy, a measure of therapeutic process, and several outcome measures that client-perceived and tape-judged empathy were the only ratings that were related to each other.

Clearly, there is no concensus in the literature as to how the presence of core conditions is best measured in the counselling inter-view, a conclusion also emphasized by Hill & King (1976). Since the main purpose of this study was to compare core conditions and problem areas across counsellors, it appeared that client ratings would, in addition to being more expedient, also be more likely to reflect true differences than would other rating methods.

Data Gathering Procedure

All participating counsellors were provided with a number of patient questionnaires, each in an envelope addressed to the investigator at the Department of Educational Psychology, University of Alberta. At the end of each initial interview, clients were asked to complete the questionnaire, seal it in the envelope, and leave it with the secretary before leaving the counselling center. In their explanation of the request, counsellors were to stress the fact that they would not see the completed questionnaire themselves. Clients were simply informed that the questionnaire was part of a study designed to assess the counselling

services being provided in Alberta. No mention was made of lay-professional comparisons, so that respondents would remain naive as to the purposes of the study.

Assurance of confidentiality was considered an important factor in the design of the study, since one aspect of the validity problem is the question of whether the primary data are themselves valid -- in the sense that they reflect the subject's direct concious experience of his therapist. It was felt that if the client knew beforehand that his responses would not be seen by anyone at the counselling center, he would be less likely to respond in a manner which he thought would please his therapist, thus encouraging the expression of true feelings. The client was asked to complete the questionnaire immediately after the interview both to capture the "freshness" of his perceptions and also to ensure the return of questionnaires distributed. The test instruments were mailed to the investigator as they were completed. Data gathering began in October, 1975, and was terminated in July, 1976.

Return rates varied across counselling centers, from 78% at the largest lay counselling center to 34% from one of the professional counsellors in private practice. One reason for this discrepancy may be that despite instructions to the contrary, some questionnaires were sent home with clients to be completed and returned at a later date. Many of these questionnaires were never received by the investigator. A total of 200 questionnaires were distributed to the lay and professional counsellors participating in the study, of which 125 were ultimately passed on to clients. A total of 78 valid client forms were processed, yielding a return rate of 62.4%. Professionals distributed 46 client forms and

33 were returned, yielding a return rate of 71.7%. Lay counsellors dis-tributed 79 client forms and 45 were returned, yielding a return rate of 56.9%.

CHAPTER IV

ANALYSIS OF THE DATA

Due to the difficulty encountered in obtaining a sample of professional counsellors working in lay counselling settings (page 33), three professionals in private practice were contacted, and all three agreed to participate in the study. Before combining their data in the analysis, however, it was felt that some check should be made to determine whether these individuals did in fact differ significantly from the rest of the professional sample on the "core conditions" dimension. Consequently, a one-way ANOVA was performed on the professional data before proceeding with further analysis. The results of this analysis are shown in Table 1. Mean "core conditions" scores for the two groups were compared, and no significant differences were detected between professionals employed in private practice and those employed in lay counselling centers on this dimension. Consequently, it appeared legitimate to pool the data generated by these two groups, thus providing a professional sample of four counsellors. These professionals saw a combined total of 33 clients. Lay counsellors saw a combined total of 45 clients. Mean core conditions ratings for the lay and professional counsellor groups are shown in Table 2. These means are derived from the pooled client ratings for all counsellors in each category (seven lay counsellors and four professionals).

Means and Standard Deviations for "problem area" scores (derived in the same manner) are provided in Appendix V.

TABLE I

SUMMARY OF ANALYSIS OF VARIANCE OF THE

RELATIONSHIP QUESTIONNAIRE FOR PROFESSIONALS

Core Condition	F prob.
Accurate Empathy	0.590
Nonpossessive Warmth	0.325
Genuineness	0.634
Overall Therapeutic Relationship	0.590
Intensity and Intimacy of Interpersonal Contact	0.699
Concreteness	0.157

Hypotheses

The questions to be answered in this study (page 6) were restated as hypotheses to be tested. Because directionality is clearly implied in the statement of each hypothesis, a one-tailed test of significance was deemed to be appropriate. Results were analyzed in the following manner:

HYPOTHESIS I: Clients will rate professional counsellors higher than lay counsellors on each core condition.

This hypothesis was tested by means of a one-way Analysis of Variance (ANOVA) on each core condition variable as measured by the Relationship Questionnaire. Results of these analyses are shown in Tables 2-8.

TABLE 2

MEANS AND STANDARD DEVIATIONS OF

CORE CONDITIONS RATINGS FOR

LAY AND PROFESSIONAL COUNSELLORS

	Professional		Lay	
	Mean	S.D.	Mean	S.D.
Accurate empathy	40.6	3.8	36.6	5.4
Warmth	65.8	3.7	62.7	5.1
Genuineness	46.7	3.1	44.6	4.8
Overall therapeutic relationship	119.2	6.9	112.4	9.9
Intensity and intimacy of interpersonal contact	49.6	4.0	47.6	4.5
Concreteness	35.2	3.4	31.6	4.4

TABLE 3

ANALYSIS OF VARIANCE OF ACCURATE EMPATHY RATINGS

Source of Variation	DF	SS	MS	F	P
Between groups	1	292.125	292.125	12.406	.001
Within groups	76	1789.562	24.547		
Total	77	2081.687			

TABLE 4

ANALYSIS OF VARIANCE OF NONPOSSESSIVE WARMTH RATINGS

Source of Variation	DF	SS	MS	F	P
Between groups	1	191.000	191.000	9.022	.004
Within groups	76	1068.875	21.169		
Total	77	1799.875			

TABLE 5

ANALYSIS OF VARIANCE OF GENUINENESS RATINGS

Source of Variation	DF	SS	MS	F	P
Between groups	1	83.687	83.687	4.775	.032
Within groups	76	1311.875	17.524		
Total	77	1415.562			

TABLE 6

ANALYSIS OF VARIANCE OF OVERALL

THERAPEUTIC RELATIONSHIP RATINGS

Source of Variation	DF	SS	MS	F	P
Between groups	1	864.250	864.250	11.095	.001
Within groups	76	5920.125	77.896		
Total	77	6784.375			

TABLE 7

ANALYSIS OF VARIANCE OF INTIMACY AND

INTENSITY OF INTERPERSONAL CONTACT RATINGS

Source of Variation	DF	SS	MS	F	P
Between groups	1	77.750	77.750	4.127	.046
Within groups	76	1431.750	18.835		
Total	77	1509.500			

TABLE 8

ANALYSIS OF VARIANCE OF CONCRETENESS RATINGS

Source of Variation	DF	SS	MS	F	P
Between groups	1	236.375	236.375	14.615	.001
Within groups	76	1229.187	16.173		
Total	77	1465.562			

A significant difference was found between the professional and
lay counsellor groups on every core condition variable. In each analysis
professionals were perceived as offering significantly higher levels
than lay counsellors. Significance levels ranged from $<.05$ (Intensity
and Intimacy of Interpersonal Contact) to $<.001$ (Concreteness). Hypothesis
Number One was therefore supported.

HYPOTHESIS II: Clients will rate professional counsellors higher than lay counsellors on each problem area.

This hypothesis was tested by means of a one-way ANOVA on each problem area dimension, as presented on the Strong Problem Area Checklist. Results of these analyses are summarized in Table 9.

TABLE 9

SUMMARY OF ANOVA PROBABILITY LEVELS OF PROBLEM AREA RATINGS

Problem area	F Prob.
Choice of occupation	.088
Difficulty with grades	.111
Gaining insight into personal strengths and weaknesses	.004
Difficult relations with family	.338
Achieving self-development and fulfillment	.635
Developing more effective ways of handling personal problems	.123
Problems in getting along with friends	.374
Uncomfortable feelings and emotions	.214
Problems of sexual adjustment	.245

With the exception of one problem area (Gaining insight into personal strengths and weaknesses), clients did not indicate a greater preference to discuss certain problems with one type of counsellor or the other. Hypothesis Number Two was therefore not supported.

HYPOTHESIS III: There will be a positive correlation between each core condition and each problem area.

This hypothesis was tested by means of Pearson Product-Moment Correlations between each of the core conditions and each of the nine problem areas, yielding 54 correlation coefficients.   Separate sets of correlations were done for lay and professional groups.   Results are shown in Tables 10 and 11.   Of the 54 correlations for lay counsellors (Table 10), all but 18 were significant at the .01 or .001 level.   The hypothesis was thus largely supported for the lay counsellor sample.

Accurate empathy was highly correlated ($<$ .001) with all problem areas except "Problems in getting along with friends", which was correlated at the .01 level.   Next highly correlated was Concreteness, followed by Genuineness, Warmth, and Overall Therapeutic Relationship.   Intensity and Intimacy of Interpersonal Contact was not correlated with any of the problem areas.

"Gaining insight into personal strengths and weaknesses" was most highly correlated with the core conditions (with the exception of "Intensity and Intimacy of Interpersonal Contact).   All other problem areas were positively correlated with at least two core conditions at the .01 or .001 level.

However, of the 54 correlations obtained with professional counsellors (Table 11), only two were significant at the .01 level.   "Problems in getting along with friends" was positively correlated with "Overall Therapeutic Relationship" and "Concreteness".   Thus, the hypothesis was largely not supported for the professional counsellor sample.

TABLE 10

PEARSON CORRELATION COEFFICIENTS BETWEEN CORE

CONDITIONS AND PROBLEM AREAS FOR LAY COUNSELLORS

Problem Area/ Core Condition	1	2	3	4	5	6	7	8	9
Accurate empathy	.59**	.51**	.67**	.63**	.60**	.60**	.41*	.52**	.51**
Warmth	.39*	.49**	.52	.33	.37	.32	.42*	.35	.36
Genuineness	.43*	.42*	.58**	.41*	.46*	.43*	.37	.45	.50**
Overall therapeutic relationship	.44*	.43*	.52**	.33	.41*	.38	.39*	.37	.46*
Intensity and intimacy of interpersonal contact	.10	.07	.29	.18	.20	.16	.23	.30	.08
Concreteness	.47*	.49**	.58**	.37	.49**	.44*	.47*	.43*	.53**

* Sign. $<$ .01, ** Sign. $<$ .001

TABLE 11

PEARSON CORRELATION COEFFICIENTS BETWEEN CORE

CONDITIONS AND PROBLEM AREAS FOR PROFESSIONAL COUNSELLORS

Problem Area/ Core Condition	1	2	3	4	5	6	7	8	9
Accurate empathy	.40	.41	.06	.01	.24	.20	.29	.05	.06
Warmth	.20	.15	.10	.02	.01	.30	.23	.07	.10
Genuineness	.11	.07	.10	.24	.04	.32	.06	.03	.14
Overall therapeutic relationship	.37	.34	.08	.17	.25	.07	.47*	.16	.17
Intensity and intimacy of interpersonal Contact	.23	.24	.15	.12	.19	.25	.26	.03	.13
Concreteness	.41	.38	.06	.23	.20	.08	.46*	.12	.07

*Sign. $< .01$

Previous research (Conklin & Nakoneshny, 1973; Scher, 1975) has indicated that level of counsellor experience may be integrally related to levels of core conditions present in the counselling interview. Thus, in addition to the hypotheses tested it appeared useful to examine the relationship between years of counsellor experience and level of core conditions, and between years of counsellor experience and client-indicated willingness to discuss the various problem areas. Due to the small number of lay and professional counsellors available, it was not considered statistically sound to approach this issue as a hypothesis to be tested. However, it was hoped that some directionality might be implied, however limited the generalizability of such findings.

Consequently, Pearson Product-Moment Correlations were performed between mean years of experience and core conditions/problem areas. Analyses were done separately for lay and professional counsellor groups. Results are shown in Tables 12 and 13.

For the lay counsellor group, only Concreteness was positively correlated with experience. Accurate Empathy, Warmth, and Overall Therapeutic Relationship approached significance. None of the problem areas were significantly correlated with experience.

For the professional counsellor group, no significant correlations were obtained between experience and any of the variables under consideration.

TABLE 12

PEARSON CORRELATION COEFFICIENTS BETWEEN LEVEL OF

EXPERIENCE AND CORE CONDITIONS/PROBLEM AREAS FOR LAY COUNSELLORS

Core condition	Coefficient	Significance
Accurate empathy	.2748	.06
Warmth	.2700	.07
Genuineness	.2314	.12
Overall therapeutic relationship	.2622	.08
Intensity and intimacy of interpersonal contact	.1981	.19
Concreteness	.3644	.01
Choice of occupation	.1345	.37
Difficulty with grades	.0731	.63
Gaining insight into personal strengths and weaknesses	.1529	.31
Difficult relations with family	.1370	.36
Achieving self-development and fulfilment	.1535	.31
Developing more effective ways of handling personal problems	.1729	.25
Problems in getting along with friends	.0997	.51
Uncomfortable feelings and emotions	.2389	.11
Problems of sexual adjustment	.0279	.85

TABLE 13

PEARSON CORRELATION COEFFICIENTS BETWEEN LEVEL OF

EXPERIENCE AND CORE CONDITIONS/PROBLEM AREAS FOR PROFESSIONAL COUNSELLORS

Core condition	Coefficient	Significance
Accurate empathy	.0521	.77
Warmth	.0406	.82
Genuineness	.0489	.78
Overall therapeutic relationship	.0724	.68
Intensity and intimacy of interpersonal contact	.1798	.31
Concreteness	.0844	.64
Choice of occupation	.1575	.38
Difficulty with grades	.2312	.19
Gaining insight into personal strengths and weaknesses	.0640	.72
Difficult relations with family	.0694	.70
Achieving self-development and fulfilment	.1035	.56
Developing more effective ways of handling personal problems	.0237	.88
Problems in getting along with friends	.1271	.48
Uncomfortable feelings and emotions	.1095	.54
Problems of sexual adjustment	.0302	.86

DISCUSSION, RECOMMENDATIONS, AND SUMMARY

Review of the Experiment

This research was conceptualized as an attempt to clarify some
of the basic issues involved in the utilization of lay counsellors
-- namely, how effective are these people in the eyes of those whom
they counsel? Do they become more effective with experience? Do clients
indicate a greater willingness to discuss their problems with lay
counsellors than with professionals? It was felt that these questions
should be answered before one can truly say that lay counsellors have
a greater ability (than professionals) to empathize and teach more
effective behaviors (Carkhuff, 1969). Critiques and rejoinders such
as those of Truax (1971) and Seika et al (1971) have only served to
muddy rather than clarify the waters of this dispute, and have degenerated
to the level of heated arguments over research biases and partisan
theoretical positions.

The dimensions chosen for this comparison of lay and professional
counsellors are basically those espoused by Carkhuff himself -- the
"core conditions", as measured by the Truax-Carkhuff Relationship
Questionnaire. Clients who saw either a lay or a professional counsellor
completed the questionnaire after the initial interview. In addition,
clients were asked to rate the likelihood of their discussing various
problem areas with the counsellor whom they had just seen, using the
Strong Problem Area Checklist. All counsellors, both lay and professional,
were asked to complete a Counsellor Data Sheet to provide information
on their level of training and amount of experience.

Briefly, it was found that:

1) clients rated professionals higher than lay counsellors on core conditions, but did not indicate a greater willingness to discuss the various problem areas with one type of counsellor or the other,

2) there was a significant positive relationship between core conditions and "willingness to discuss" for the lay counsellor sample but not for the professional sample, and

3) level of experience and level of core conditions were minimally related in the lay counsellor group and not at all in the professional group, and level of experience and client willingness to discuss problem areas were not related in either group.

Discussion

Limitations of the study

In drawing conclusions from this study, the following limitations are recognized:

Instruments: Both the Relationship Questionnaire and the Problem Area Checklist lack comprehensive reliability data. Truax & Carkhuff (1967) cite a reliability coefficient of .55 for the Relationship Questionnaire. However, these instruments are used in this study for purposes of comparing groups, and it is unlikely that there would be any systematic error or bias.

Counsellor sample: Unfortunately, it was impossible to obtain a larger number of professionals who were willing and/or able to participate in this study. A replication of the study involving a larger number of counsellors, both lay and professional, would serve to further clarify the findings presented.

Client sample: Since clients completed the test instruments vol-
untarily, there may have been a built-in selection process at work, in
that clients who were dissatisfied with the initial interview may have
refused to participate. This may have been systematic, since the return
rate was 56% for lay counsellors and 71% for professionals.

Previous exposure to counselling: Clients were asked if they had
ever been under psychiatric care to eliminate possible psychotics.
However, some clients may have had experience with counselling of some
sort prior to their initial interview. It is possible that such an
experience would influence the rating of the counsellor whom they had
just seen. However, there is again no reason to suspect a systematic
bias.

Core conditions

The most strongly supported finding in this study was that profes-
sional counsellors were perceived by clients as offering higher levels
of core conditions than lay counsellors. This is in direct contrast to
Carkhuff's (1969) assertions regarding the efficacy of lay counselling,
which appear to have been based more on faith than on empirical research.
This finding does not, of course, totally refute what Carkhuff is say-
ing. It does not imply that lay counsellors are harmful to those whom
they counsel, or even that they are not helpful in some way. In fact,
it would appear from examining the core conditions means and standard
deviations (Table 2) that the lay counsellors were, in fact, operat-
ing at reasonably high facilitative levels. For instance, the mean
Overall Therapeutic Relationship score was 119.2 for the professional

group and 112.4 for the lay group. The remaining "core conditions"
means for lay and professional counsellors were all within the same range
of disparity. Thus, it can probably be said that although the professionals'
means were consistently higher, the lay counsellors did offer levels
of core conditions which could also be considered "facilitative".
Although no norms are available for the Relationship Questionnaire
the mean "core conditions" scores obtained in this study were higher
than those obtained in a comparable study (Pierog, 1968) which utilized
"trained" vs. "untrained" counsellors in the public school system.
In that study, mean Overall Therapeutic Relationship socres were 113.2
for the "trained" counsellors (i.e., Bachelor's degree) and 105.5 for
the "untrained" counsellors. The fact that the lay counsellors in this
study obtained a mean Overall Therapeutic Relationship score of 112.4
would seem to indicate that the lay counsellors under consideration
actually do offer levels of core conditions which may be considered
"facilitative".

Truax and Carkhuff have not provided any guidelines for "transposing"
Relationship Questionnaire scores into numerical "levels of functioning."
Throughout Carkhuff's (1969) discussion of lay counsellor selection
and training, he merely discriminates between "high-functioning" and
"low-functioning" counsellors, the differentiation point being "level 3"
as determined by third-party ratings of tape-recorded segments of coun-
selling interviews. Since his definition of this level of functioning
is simply that "all of the conditions are communicated at a minimally
facilitative level", the question of what may be defined as "minimally

facilitative" is open to argument. However, the ratings by clients participating in this study indicated quite clearly that the professionals were exhibiting higher levels of core conditions than were the lay counsellors, which would seem to underscore the cautionary statement included in the introduction to this study -- that the enthusiasm surrounding paraprofessionalism should be tempered with a degree of caution, and that acceptance of this phenomenon should not be unquestionning.

Problem areas

Clients did not differentiate between lay and professional counsellors on the basis of the "suitability for discussion" of the various problem areas. It would appear from the results obtained that clients based their decisions on factors other than whether or not the counsellor was lay or professional. A possible explanation for this may be that counsellors were not "labelled" when they made their initial contact with the patient, although the professional sample may have referred to themselves as "a psychologist" when introducing themselves. However, to the lay public, the terms "psychologist" and "counsellor" are probably synonomous even though they have differing connotations in this research. Also, since only one professional used the title "Doctor", the titles "Mr." and "Mrs." were used in both the lay and professional groups, perhaps further blurring any overt distinction between the two.

Clients did differentiate on one of the nine problem areas (Gaining insight into personal strengths and weaknesses). This differentiation was significantly ($<.01$) in favor of professionals. A possible explanation for this discrepancy may lie in the phrase "gaining insight". If clients did, in fact, realize that their counsellor was either lay

or professional, it may be possible that clients seek professionals to learn to "understand themselves" while clients who intentionally go to a lay counsellor bring with them a more situation-oriented, "problem solving" orientation. However, clients were asked on the Client Data Sheet to indicate their reasons for seeking counselling, and no real differences were apparent across the two groups, and this explanation may, in fact, be invalid.

A more plausible interpretation may be that those counsellors who offered high levels of core conditions (i.e. professionals) were perceived by their clients as being more likely to aid them in gaining insight than those counsellors who offered lower levels of core conditions (i.e. lay counsellors).

Parenthetically, it should be noted that for both lay and professional groups, the "sexual adjustment" problem area was rated as least likely to be discussed. This may indicate that in some segments of society, at least, sex is still a taboo topic of discussion, regardless of the type of therapist involved.

Core conditions/Problem areas

Levels of core conditions were positively correlated with willingness to discuss the various problem areas in all but 18 of the 54 correlations for lay counsellors. Accurate empathy was most highly and consistently correlated. These correlations were not found to be significant for the professional group. The implications of this finding would seem to be that the lay counsellors' "credibility" or "approachability" is more dependent on the quality of the relationship which he provides (especially the degree of accurate empathy exhibited)

than is the case with professionals. In other words, although professionals were perceived as being more empathic as a group, this higher level of empathy (as well as the rest of the core conditions) did not necessarily influence their perceived credibility.

Generally speaking, however, it would seem that minimal levels of core conditions have to be present in the encounter in order for clients to feel comfortable enough to discuss various problem areas, regardless of whether the counsellor is "lay" or "professional".

Level of experience

Problem areas were not correlated with experience in either lay or professional counsellor group. Level of counsellor experience was minimally correlated with level of core conditions for the lay counsellor group. Concreteness was the only significant correlation ($< .01$), although Accurate Empathy, Warmth, and Overall Therapeutic Relationship approached significance ($< .06$, $< .07$, $< .08$, respectively). Thus, it is possible that as lay counsellors gain in experience, they tend to offer higher levels of facilitative conditions. Notably, they may tend to become more concrete in their interactions with clients.

The same may not be true of professional counsellors, at least in this instance. No positive correlations between level of experience and levels of core conditions were obtained, which may indicate that the professional counsellors started their careers with higher levels of observable core conditions than did the lay counsellors. However, these levels do not appear to have improved over the course of time, but seem to have remained relatively static. It should be noted, however that years of training are involved in the case of professionals, compared to days or weeks in the case of lay counsellors. If professionals tend

to improve on the core conditions dimension over the course of their training (contrary to Carkhuff's assertions) it may be that all neophyte counsellors, both lay and professions, improve with experience, whether that experience is gained "in the field" or in an academic setting.

Another factor which must be considered in the interpretation of this finding is the disparity between the counsellor groups in terms of the amount of time spent in counselling activities per week. Lay counsellors spent an average of 9.5 hours per week while professionals spent an average of 16 hours per week. If, to coin an old adage, "practice makes perfect", then it is logical to assume that those counsellors who spend the most time counselling (i.e., professionals) would tend to be rated higher on core conditions than those who spend far less time actively involved in contact with clients. However, there may be another valid explanation for the client perceptions obtained in this study which involves the interaction of both type of training and level of experience. Professionals may be able, even in the initial interview, to offer more concrete suggestions regarding the problems under discussion. These suggestions could be in the form of community resources contacts, suggested reading, etc., but might serve to inspire a higher degree of confidence in the client than if he saw a lay counsellor who could empathize, but not suggest a course of action. As the lay counsellor grows in experience, however, he may become more aware of potential "solutions" and thus increase his perceived effectiveness in the eyes of those whom he counsels.

Conclusions and recommendations

It is concluded on the basis of these research findings that despite Carkhuff's (1969) assertions to the contrary, these professional

counsellors did, in fact, provide higher levels of core conditions than the lay counsellors, as perceived by clients upon termination of the initial interview. However, lay counsellors may improve slightly on this dimension as a function of experience while professional counsellors do not. Thus, it is conceivable that lay counsellors can, given an optimum amount of training, provide "minimally facilitative" levels of core conditions in a relationship. The actual level, apparently, being a function not only of the amount or type of training, but also of experience.

However, due to the limited number of counsellors involved in this study, any findings regarding level of experience must be interpreted with caution due to their limited generalizability. Careful selection, coupled with experience, may in fact account for a good deal of counsellor effectiveness hitherto attributed to specific training programs.

In summary, it may be stated that:

(a) professionals tend to be rated higher by clients on the "core conditions" dimension than are lay counsellors, and

(b) that clients indicate as much willingness to discuss the same problems with lay counsellors as with professional counsellors, but that the "willingness to discuss" with lay counsellors is to a greater extent dependent on the levels of perceived core conditions than it is for professionals.

If these conclusions are valid, then it appears that Carkhuff is supported in some ways but refuted in others. Lay counsellors may, with experience, offer the type of helping relationship which he idealistically described (Carkhuff, 1969, p.10). However, he firmly states that this will happen with a minimal amount of training and

"within a relatively short period of time". Furthermore, he states that lay counsellors offer as high, or higher, levels of core conditions than professionals. This statement is likewise not supported by these findings.

The implications of the conclusions reached in this research would then be that (a) professional training programs do, by and large, produce higher-functioning therapists than do lay counsellor programs, but that (b) lay counsellors may improve with experience, and can in fact take a legitimate part in community mental health delivery systems. This, of course, underscores the importance of ongoing selection, supervision, and inservice training of paraprofessionals so employed.

Further research in the area should focus not only on the relative efficacy of lay vs. professional counsellors, but also on the part which experience plays in determining the degree of difference between the two groups. Since the findings presented in this study may imply that experience is a factor which warrants further exploration, various research designs could be useful to analyze data similar to that presented in this study by covarying over experience, thus isolating its influence. With a larger sample of both lay and professional counsellors, an alternate explanation for the efficacy of lay counselling may become even more apparent than the present findings would justify formulating.

Additionally, the following questions arise as a result of the present findings:

(a) can more effective training programs for lay counsellors be developed which more closely approximate professional training?,

(b) if this is done, will levels of facilitative conditions amongst

lay counsellors increase to more closely approximate those of profes-
sionals?, and

(c) will lay counsellors then improve on the basis of experience?

Answers to the above questions should help determine the direction
which lay counsellor training programs should take if they are to
produce lay counsellors capable of functioning at the level outlined
by Carkhuff.

It was the purpose of this research to determine the relative
effectiveness of lay vs. professional counsellors, based on client
reactions to the initial interview as measured by the Truax-Carkhuff
Relationship Questionnaire and the Strong Problem Area Checklist.
It was determined that professionals were, in fact, rated higher on
the core conditions dimension than lay counsellors, but that lay couns-
ellors did operate at what could be considered "facilitative" levels.

REFERENCES

REFERENCES

Abeles, N., Awareness and responsiveness to affect as a function of training and supervision. Paper presented at the 66th. meeting of the Michigan Academy of Science (Psychology Section), Ann Arbor, Michigan, March, 1962.

Abbott, A.P., & Kehoe, J.P., Mental health practice in the Yukon. Canada's Mental Health, 1972, 20, 4-10.

Abt & Reiss, Progress in clinical psychology, Vol 7. New York, Yvnne's Stratton, 1966.

Joint Commission on Mental Illness and Health -- Action for mental health. New York: Basic Books Inc., 1961

Alexander, F., Fundamentals of psychoanalysis. New York: W.W. Norton, 1948.

Altmann, H.A., Effects of empathy, warmth, and genuineness in the initial counselling interview. Journal of Counselor Education and Supervision, 1973, 12(3), 225-228.

American Personnel and Guidance Association. Support personnel for the counselor; their technical roles and preparation. The Personnel and Guidance Journal, 1967, 45, (8), 858-861.

Arnhoff, F.N., & Rubenstein, E.A., (Eds.) Manpower for Mental Health. Chicago: Aldine, 1969.

Atcheson, J.D., Rodgers, D., Mellon, C.P., & Kehoe, P., Report of Mental Health Survey Team. Edmonton: Department of National Health and Welfare, Medical Services, Northern Regional Head-quarters, April 5 - May 3, 1969.

Bahn, A.K., An outline for community mental health research. Community Mental Health Journal, 1965, 1, 23-28.

Barrett-Lennard, G.T., Dimensions of therapist response as causal factors in therapeutic change. Psychological Monographs, 1962, 43.

Barrett-Lennard, G.T., & Jewell, L.N., A selection of reported studies using the Relationship Inventory. Waterloo: University of Water-loo, 1966. (Mimeo).

Bellak, L (Ed) A concise handbook of community psychiatry and community mental health. Grune & Stratton, New York: 1974.

Bergin, A.E., & Strupp, H.H. Changing frontiers in the science of psychotherapy. New York: Aldine, 1972

Bishop, J.B., Another look at counsellor, client, and supervisor ratings of counsellor effectiveness. Counselor Education and Supervision, 1971, 10, 319-323.

Blair, W.R.N., Mental Health in Alberta. A report on the Alberta Mental Health Study, 1968. Government of Alberta, Edmonton, Alberta, April 1969.

Bloom, B.L., Mental health program evaluation: A review of the literature and an annotated bibliography, 1955-1964. Washington, D.C: U.S. Public Health Service, 1965.

Brett, H.G., Quality of life in the North as seen from the health perspective. Talk presented at the Shell Program on the Canadian North, Scarborough College, Toronto, January 29-30, 1971. (Mimeo)

Brickman, H.R., Some basic assumptions in community mental health. American Journal of Public Health, 1964, 54, 890-899.

Borgante, T.R., The assessment process in campus community mental health programs. Canadian Mental Health Journal, 1969, 5 (2), 140-148.

Campbell, D.P., The results of counselling: Twenty-five years later. Philadelphia: W.B. Saunders Co., 1965.

Carkhuff, R.R., Helping and human relations: A primer for lay and professional helpers. Vol. 1, Selection and training. New York: Holt, Rinehart, & Winston, 1969.

Clapp, W.F., Challenges of the Arctic north for psychologists. The Ontario Psychologist, 1973, 5, p.p. 32-38.

Conklin, R.C., & Nakoneshny, M., The influence of counsellor empathy, student sex, and grade level on perceived counselor role. Canadian Counsellor, 1973, 7, 206-212.

Cook, P.E., (Ed) Community psychology and community mental health: Introductory readings. San Fransisco: Holden-Day, 1970.

Cowen, E.L., Social and community interventions. Annual Review of Psychology, 1973, 24, 423-472.

Cozby, P.C. Self-disclosure: A literature review. Psychological Bulletin, 79, 1973, 72-92

Crisler, J.R., Effective paraprofessional utilization - myth or reality? Journal of Applied Rehabilitation Counselling, 1973,4(1), 41-46.

D'Augelli, R., & Danish, S.J. Evaluating training programs for para-professionals and nonprofessionals. Journal of Counselling Psychology, 1976, 23, 173-177.

Delworth, U., (Ed.) Special Issue: Paras, peers and pros. Personnel and Guidance Journal, 1974, 53 (4)

Delworth, U., & Moore, M., Helper plus trainer: a two-phase program for the counsellor. Personnel and Guidance Journal, 1974, 52, (6), 428-433.

Dent, J.K., A bibliographic index of evaluation in mental health. Bettesda, Md: Public Health Service, National Institues of Health, Department of Health, Education, and Welfare, 1966.

Dunlap, R.S. Professional educators, parents, and students assess the counselors role. Personnel and Guidance Journal, 1965, 43, 1024-1028.

Dymond, R., A scale for the measurement of empathic ability. Journal of Consulting Psychology, 1949, 13, 127-233.

Esdorfer, C., Altrocchi, J., & Young, R.F., Principles of community mental health in a rural setting: the Halifax County program. Community Mental Health Journal, 1968, 4 (3), 211-220.

Ferenczi, S., The principle of relaxation and neocatharsis. Journal of Psychoanalysis, 1930, 11, 428-443.

Fox, R.E., & Golden, P.C., The empathic process in psychotherapy. Unpublished manuscript, 1963.

Frank, J.D., Persuasion and healing: a comparative study of psychotherapy. Baltimore: Johns Hopkins Press, 1973.

Friedman, L., Elements of the therapeutic situation, the psychology of the beginning encounter. In American handbook of psychiatry, Freedman & Dryond (Eds.), Basic Books, New York: 1975.

Fuller, F.F. Preferences for male and female counsellors. Personnel and Guidance Journal, 1964, 42, 463-467.

Garfield, S.L., Prager, R.A., & Bergin, A.E., Evaluation of outcome in psychotherapy. Journal of Consulting and Clinical Psychology, 1971, 37, 307-313.

Gartner, A., Paraprofessionals and their performance. New York: Praeger, 1971.

Gelso, G., & Karl, K., Perceptions of counsellors and other help givers. Journal of Counselling Psychology, 1974, 21, 243-247.

Gelso, C.J., Karl, N.J., & O'Connell, T., Perceptions of the role of the university counseling center. Journal of college student personnel, 1972, 13, 441-447.

Golann, S.E., Co-ordinate index reference guide to community mental health. New York: Behavioral Publications, 1969.

Goldberg, G.S., Nonprofessionals in human services. In Grosser, C., Henny, W.E., & Kelly, J.G., (Eds.) Nonprofessionals in the human services. San Francisco: Jossey-Bass, 1969.

Gottesfeld, H., Rhee, C., & Parker, G., A study of the role of para-professionals in community mental health. Community Mental Health Journal, 1970, 6, 285-291.

Grant, C.W., How clients perceive the counsellor's role. Personnel & Guidance Journal, 1954, 32, 386-388.

Grater, H.A., Client preferences for affective or cognitive counselor characteristics and first interview behavior. Journal of Counselling Psychology, 1964, 11, 248-250.

Grigg, A.E., & Goldstein, L.D., The use of clients as judges of the counselor's performance. Journal of Counselling Psychology, 1957, 4, (1), 31-36.

Grigg, A.E., Client response to counselors at different levels of experience. Journal of Counselling Psychology, 1961, 8, 217-223.

Gruenberg, E.M., (Ed.) Evaluating the effectiveness of mental health services. Milbank Memorial Fund Quarterly. 1966, 45.

Gruver, G.G., College students as therapeutic agents. Psychological Bulletin, 1971, 76, 111-127.

Haase, R.F., & Tepper, D.T. Nonverbal components of empathis communication. Journal of Counselling Psychology, 1972, 19, 417-424.

Halpern, H., & Lesser, L., Empathy in infants, adults, and psycho-therapists. Psychoanalytic Review, 1960, 47, 32-42.

Hanley, C., Mental Health in Ontario. A study for the committee on the helping arts. Toronto: Queen's Printer, 1970.

Hill, C.E., & King, J. Perceptions of empathy as a function of the measuring instrument. Journal of Counselling Psychology, 1976, 23, 155-157.

Hodges, A.E., & Mahoney, S.C., Expectations for the comprehensive mental health center: the community. Community Mental Health Journal, 1970, 6, 75-77.

Hunter, W.F., & Ratcliffe, A.E., The Range Mental Health Center: Evaluation of a community-oriented program in northern Minnesota. Community Mental Health Journal, 1968, 4, 260-267.

Ingwell, R.H., The relationship between perceived empathy, genuineness, and warmth, and conditions of charisma, and external counseling conditions. Unpublished doctoral dissertation, University of Missouri, 1970.

Iscoe, I., & Speilberger, C.D., (Eds.) Community psychology: Perspectives in training and research. New York: Appleton-Century-Crofts, 1969.

Ivey, A.E., Microcounselling: the counsellor as trainer. Personnel and Guidance Journal, 1973, 51, 311-316.

Jensen, R.E., Student feelings about counselling help. Personnel and Guidance Journal, 1955, 33, 498-503.

Jourard, S.M., I-thou relationship versus manipulation in counseling and psychotherapy. Journal of Individual Psychology, 1959, 15, 174-179.

Jourard, S.M., The transparent self. Princeton, N.J.: Van Nostrand, 1964.

Karp, H.N., Santa Barbara community mental health services. Community Mental Health Journal, 1965, 1, 383-384.

Kell, B.L., & Mueller, W.J., Impact and change: A study of counseling relationships. New York: Appleton-Century-Crofts, 1966.

Kelly, J.G., Antidotes for arrogance: Training for community psychology. American Psychologist, 1970, 25, 524-531.

Kiresulc, T.J., & Sherman, R.E., Goal attainment scaling: a general method for evaluating comprehensive community mental health programs. Community Mental Health Journal, 1968, 4, 443-453.

Krebs, R., Using attendance as a means of evaluating community mental health programs. Community Mental Health Journal, 1971, 7 (1), 72-77.

Kurtz, R.R., & Grummon, D.L., Different approaches to the measurement of therapist empathy and their relationship to therapy outcomes. Journal of Consulting and Clinical Psychology, 1972, 106-115.

Lennard, H.L., & Bernstein, A., Dilemma in mental health program evaluation. American Psychologist, 1971, 26(3), 307-310.

Levinson, A.I., & Reif, S.R., Community mental health staffing patterns. Paper read at American Psychiatric Association, Miami Beach, May, 1969.

Lewis, P., & Krauss, H.H., Perceived therapeutic regard as a function of self-disclosure. Reprinted from Proceedings, 79th. Annual Convention, A.P.A., 1971.

Lin, T.T., Revision and validation of the Truax-Carkhuff Relationship Questionnaire. Measurement and Evaluation in Guidance, 1973, 6, 82-86.

Lorr, M., Client perceptions of therapists: A study of therapeutic relations. Journal of Consulting Psychology, 1965, 29, 146-149.

Luborsky, L., Singer, B., & Luborsky, L., Comparative studies of psychotherapies. Archives of General Psychiatry, 32, 995-1012, 1975.

McKinnon, A.A., & Neufeldt, A.H., A survey of mental health "North of 60". Canada's Mental Health, 1974, 22, 3-6.

Matarazzo, R.G., Research on the teaching and learning of psychotherapeutic skills. In Handbook of psychotherapy and behavior change, Bergin, A.E., & Garfield, S.L., (Eds.) New York: John Wiley & Sons, 1971, p.p. 895-934.

McWhinter, J.J., Two measures of the facilitative conditions, Journal of Counselling Psychology., 1973, 20, (4), 317-320.

Minz, J., What is "success" in psychotherapy? Journal of Abnormal Psychology, 1972, 80, 11-19.

Morgan, S.R., Assessing the empathic potential of student teachers of the emotionally disturbed. American Journal of Orthopsychiatry, 46, 163-167, 1976.

Mullen, J., & Abeles, N., Relationship of liking, empathy, and
    therapist's level of experience to outcome of therapy. Journal
    of Counselling Psychology, 1971, 18, 39-43.

Nelson, H.R., Interpersonal involvement: Students' perceptions
    of successful counseling, Unpublished Doctoral dissertation,
    Rutgers University, 1972.

Nickels, J.B., & Kehoe, J.P., Northern communities: Mental health
    and social adaptation. Paper presented at the Institute
    on Community Psychology, C.P.A., University of Montreal,
    June 20, 1972.

Patterson, C.H., Client expectations and social conditioning.
    Personnel and Guidance Journal, 1958, 37, 136-138.

Perlman, G., Growth and change in personality characteristics of
    beginning psychotherapists. Unpublished Ph.D. Dissertation,
    City University of New York, 1971.

Pharis, M.E., Ten reasons why I am not bothered by outcome studies
    which claim to show psychotherapy is ineffective. Clinical
    Social Work Journal, 4, 58-61, 1976.

Pohlman, E., Changes in client preferences during counseling.
    Personnel and Guidance Journal, 1964, 42, 456-458.

Pohlman, E., Should clients tell counsellors what to do? Personnel
    and Guidance Journal, 1964, 42, 456-458.

Prager, R.A., & Garfield, S.L., Client initial disturbance and
    outcome of psychotherapy. Journal of Consulting and Clinical
    Psychology, 1972, 38, 112-117.

Rausch, H.L., & Bordin, E.S., Warmth in personality development
    and in psychotherapy. Psychiatry: Journal of Study of Inter-
    personal Processes, 1957, 20, #4.

Reif, R., & Reisman, F., The indigenous nonprofessional. Research
    report No. 3, National Institute of Labor Education Mental
    Health Program, New York, 1964.

Resnick, H., & Gelso, C.J., Differential perceptions of counseling
    role: A reexamination. Journal of Counseling Psychology,
    1971, 18, 549-553.

Rickabaugh, K., Heaps, R.A., & Finley, R. Counselor comfort, counseling
    climate, and client satisfaction: Client ratings and academic
    improvement. Counselor Education and Supervision, 1972, 11,
    219-223.

Rioch, M.J., Elkes, C., & Flint, A.A., N.I.M.H. pilot project in training mental health counselors. U.S. Dept. H.E.W., P.H.S. Service, No. 1254, 1965.

Rioch, M.J. Changing concepts in the training of therapists. Journal of Consulting Psychology, 1966, 30, 290-292.

Rioch, M.J. Pilot projects in training mental health counselors. In Emergent approaches to mental health problems, Cowen, E.L., Gardner, E.A., & Zax, M., (Eds.) New York: Appleton-Century-Crofts, 1967, 110-127.

Rogers, C.R., & Dymond, R.F., Psychotherapy and personality change. Chicago: University of Chicago Press, 1954.

Rogers, C.R. The necessary and sufficient conditions of psychotherapeutic personality change. Journal of Consulting Psychology, 1957, 21, 95-103.

Rogers, C.R., & Stevens, B., Person to person: the problem of being human. Lafayette, Cal: Real People Press, 1967.

Rosen, A., Client preferences: an overview of the literature. Personnel and Guidance Journal, 1967, 45, 785-789.

Rosenblum, G., Citizen participation in mental health/retardation programs: real or apparent? Massachussetts Journal of Mental Health, 1, 3-15, 1971

Rubenstein, E.A., & Parloff, M.B., (Eds.) Research in Psychotherapy, Vol. 1. Washington, D.C.: A.P.A., 1959.

Schachnow, J., & Matorin, S., Community psychiatry welcomes the nonprofessional. Psychiatric Quarterly, 1969, 43, 492-511.

Schafer, R., Generative empathy in the treatment situation. Psychoanalytic Quarterly, 1959, 28, 342-373.

Scherl, D.J., & English, J.T., Community mental health and comprehensive health service programs for the poor. American Journal of Psychiatry, 1969, 125, 1666-1674.

Scika, F., Taylor, D., Thomason, B., & Muthard, J., A cortique of "Effectiveness of counselors and counselor aides". Journal of Counseling Psychology, 1971, 18, (4) 362-364.

Schlein, et al (Eds.) Research in psychotherapy, Vol. III. Washington, D.C.: A.P.A., 1968.

Seeman, J., Perspectives in client-centered therapy. In Handbook of clinical psychology, Wolman, B.B., (Ed.) New York: McGraw-Hill, 1965, p.p. 1215-1229.

Smith, M.B., & Hobbs, N., The community and the community mental
health center. Washington, C.C.: A.P.A., 1966.

Snyder, W.V., The psychotherapy relationship. New York: MacMillan,
1961.

Sobey, F., The nonprofessional revolution in mental health. New
York: Columbia University Press, 1970.

Speer, D.C., & Tapp, J.C., Evaluation of mental health service
effectiveness: a "start up" model for established programs.
American Journal of Orthopsychiatry 46, 217-228, 1976.

Stoffer, D., Investigation of positive behavioral change as a function
of genuineness, nonpossessive warmth, and empathic understanding.
Journal of Educational Research, 63, 225-228, 1970.

Strong, S.R., Hendel, D.D., & Bratton, J.C., College student views
of campus help-givers: Counselors, advisers, and psychiatrists.
Journal of Counselling Psychology, 1971, 18, 234-238.

Strunk, O., Empathy: A review of theory and research. Psycho-
logical Newsletter, 1957, 9, 47-57.

Strupp, H.H., & Luborsky, L., (Eds.) Research in psychotherapy,
Vol. II. Washington, D.C.: A.P.A., 1962.

Strupp, H.H., Fox, R.E., & Lessler, K., Patients view their psycho-
therapy. Baltimore: Johns Hopkins Press, 1969.

Strupp, H.H., Toward a reformulation of the psychotherapeutic influence.
International Journal of Psychiatry, 2, 263-327, 1973.

Talland, G.A., & Clark, D.H., Evaluation of topics in therapy
group discussion. Journal of Clinical Psychology, 1954, 10,
131-137

Teicher, J.D., Smay, R.C., & Stimphauzer, J.S., Training community-
based paraprofessionals as behavior therapists with families
of alcohol-abusing adolescents. American Journal of Psychiatry,
133, 845-850, 1976.

Thompson, R., Providing a community mental health program with
limited resources. In Huessy, H.R., (Ed,) Mental health with
limited resources. New York: Grune & Stratton, 1966.

Truax, C.B., Therapeutic conditions. Psychiatric Institute Bulletin,
Wisconsin Psychiatric Institute, University of Wisconsin, 1962,
1, 10.

Truax, C.B., & Carkhuff, R.R., The necessary stimulus complex in the therapeutic process: Toward a resolution of the tough and tender-minded views of counseling and psychotherapy. Undated, unpublished manuscript. (Mimeo) (a).

Truax, C.B., The relationship between the level of accurate empathy and the level of self-congruence offered by the therapist in initial therapy contacts and engagement, in psychotherapy. Talking won't help: A study of the process and outcome of psychotherapy with hospitalized schizophrenic. Madison: Wisconsin Psychiatric Institue, University of Wisconsin, 1962.

Truax, C.B., et al, Therapist empathy, genuineness, and warmth and patient therapeutic outcome. Journal of Consulting Psychology, 1966, 30, 395-401.

Truax, C.B., & Carkhuff, R.R., Toward effective counseling and psychotherapy. Chicago: Aldine, 1967.

Truax, C.B., & Mitchell, K.M., The psychotherapeutic and the psycho-noxious: Human encounters that change behavior. In Feldman, W., (Ed.) Studies in psychotherapy and behavior change. Vol. 1, Research in behavior change in individual psychotherapy. Buffalo: State University of New York Press, 1968, p.p. 55-92.

Truax, C.B. & Lister, J.L., The effects of counselor accurate empathy and nonposessive warmth upon client vocational rehab-ilitation progress. Canadian Counsellor, 1970, 4, 229-232.

Truax, C.B., Effectiveness of counselor and counselor aides: A rejoinder. Journal of Counseling Psychology, 1971, 18, (4), 365-366.

Truax, C.B., Perceived therapeutic conditions and client outcome. Comparitive Group Studies, 1971, August, 301-310.

Truax, C.B., & Mitchell, K.M., Research on certain therapist inter-personal skills in relation to process and outcome. In Bergin, A.E., & Garfield, S.L., (Eds.) Handbook of psychotherapy and behavior change. New York: John Wiley & Sons, Inc., 1971, p.p. 299-344.

Ulenhuth, E.H., Evaluation of behavior change and therapeutic effect-iveness. In American handbook of psychiatry, Freedman, D.X., and Dyrud, J.E. (Eds.) New York: Basic Books, 938-954, 1975.

Wangen, D., A study of the selection, training, and utilization of paraprofessionals in counselling. Unpublished Doctoral dissertation, University of South Dakota, 1971

Warman, R.E., Differential perceptions of counseling role. Journal of Counseling Psychology, 1960, 7, 269-274.

Wedel, H.L., Characteristics of Community mental health center operations in small communities. Community Mental Health Journal, 1969, 5, 437-444.

Wilcove, W., & Sharp, W.H., Differential perceptions of a college counselling center. Journal of Counseling Psychology, 1971, 18, 60-63.

Williams, R.H., Ozarin G.D., (Eds) Community mental health, an international perspective. San Fransisco Jossey-Bacs Inc., 1968.

Willis, J.S., Mental health in the north. Medical Services Journal, 1960, 16, 689-720.

Wolford, J.A., Paraprofessional training and role. In Comprehensive testbook of psychiatry, Freedman, A.M., Kaplan, H.J., & Sadock, B.J. (Eds.). Williams & Williams, Baltimore: 2537-2543, 1975.

Zax, M., Cowen, E.L., Abnormal psychology: Changing concepts. New York: Holt, Rinehart, & Winston, 1972.

Ziemelis, A. Effects of client preference and expectancy upon the initial interview. Journal of Counseling Psychology, 1974, 21, 23-30.

APPENDIX I

FORM LETTER

September 5, 1975

Dear

    Mr. Ronald Gaunce of the Alberta Department of Preventive Social
Services has suggested your centre as a possible source of data for a
dissertation research project being carried out by one of my doctoral
students, Mr. Brian Hindmarch. This project, contrasting client per-
ceptions of lay and professional counsellors, is jointly funded by
P.S.S. and the Canada Council.

    Clients availing themselves of your counselling services are
asked to complete a confidential questionnaire at the end of their
initial interview, which will then be sealed and collected. About
fifteen such questionnaires are required of clients seeing the pro-
fessional counsellor, and as many as possible of clients seeing a
lay counsellor.

    Mr. Hindmarch will be contacting you by telephone in the near
future, and will be able to provide you with further details at that
time. If possible, your co-operation would be greatly appreciated
by both Mr. Hindmarch and myself.

                       Sincerely,

                       Harvey W. Zingle, Ph.D.
                       Director
                       Counsellor Education Program

HWZ:sr

c.c. Mr. Ronald Gaunce

APPENDIX II

COUNSELLOR DATA SHEET

Counsellor Data Sheet

These data are necessary for purposes of the study in which you have been taking part. Please note that this information is confidential and will be "pooled" to provide averages, and that no specific personal information will appear in any discussion of the results of this study. Again, your participation in the study is greatly appreciated.

Counselling Centre:_____

Name:_ _____ Age:_____ Sex:_____

Highest Grade Completed: _____ Occupation: _____

Amount of training in counselling (please provide as much information as possible):_____

_____

How many hours per week do you spend in counselling (on the average)?_____

How long have you been a counsellor?_____

APPENDIX III

CLIENT FORM

CLIENT FORM

Counselling is intended to help people with whatever personal or emotional problems they may wish to discuss. It is important that counsellors understand their clients, and it is also important that we know how people feel about the counselling which they receive. This information, gained from people such as yourself, is necessary in order to provide the best services possible in your community.

This research is being funded jointly by the Department of Preventive Social Services and the Canada Council, and is an attempt to determine how counselling services are seen by the people who use them. Your cooperation in taking the time to fill out this questionnaire is greatly appreciated.

This questionnaire is completely CONFIDENTIAL and will not be seen by anyone at this counselling centre. It will be forwarded directly to the University of Alberta. When you have completed it, please put it in the envelope provided and seal it before returning it. Thank you.

Personal Data

Name: _____ Age: _____ Sex: _____

Marital Status: _____ Highest school year completed: _____

Occupation: _____ Spouse's occupation: _____

Please describe briefly your main reason for coming to the counselling centre: _____

_____

_____

Counsellor's name: _____ Length of interview: _____

Instructions:

People feel differently about some people than they do about others. This questionnaire contains a number of statements which describe a variety of ways that one person may feel about another person. Consider each statement carefully and decide whether it is true or false when applied to the interview you have just had with your counsellor. If the statement seems to be mostly true, then mark it with a "T"; if it is mostly not true, then mark it "F". Please be sure to complete every item.

1. He seems to hold things back rather than tell me what he really thinks.   T   F

2. He understands my words but does not know how I feel.   T   F

3. He understands me.   T   F

4. He understands exactly how I see things.   T   F

5. He is often disappointed in me.   T   F

6. He seems to like me no matter what I say to him.   T   F

7. He is impatient with me.   T   F

8. He may understand me but he does not know how I feel.   T   F

9. Sometimes he seems interested in me while other times he does not seem to care about me.   T   F

10. He often misunderstands what I am trying to say.   T   F

11. He almost always seems very concerned about me.   T   F

12. Sometimes I feel that what he says to me is very different from the way he really feels.   T   F

13. He is a person you can really trust.   T   F

14. Sometimes he will argue with me just to prove he is right.   T   F

15. Sometimes he seems to be uncomfortable with me, but we go on and pay no attention to it.   T   F

16. Some things I say seem to upset him.   T   F

17. He can read me like a book.   T   F

18. He usually is not very interested in what I have to say.   T   F

19. He feels indifferent about me.   T   F

20. He acts too professional.   T   F

21. I am just another student to him.   T   F

22. I feel that I can trust him to be honest with me.   T   F

23.	He ignores some of my feelings.	T	F
24.	He likes to see me.	T	F
25.	He knows more about me than I do about myself.	T	F
26.	Sometimes he is so much "with me" in my feelings, that I am not at all distracted by his presence.	T	F
27.	I can usually count on him to tell me what he really thinks or feels.	T	F
28.	He appreciates me.	T	F
29.	He sure makes me think hard about myself.	T	F
30.	I feel that he is being genuine with me.	T	F
31.	Even when I cannot say quite what I mean, he knows how I feel.	T	F
32.	He usually helps me to know how I am feeling by putting my feelings into words for me.	T	F
33.	He seems like a very cold person.	T	F
34.	He must understand me, but I often think he is wrong.	T	F
35.	I feel that he really thinks I am worthwhile.	T	F
36.	Even if I were to criticize him, he would still like me.	T	F
37.	He likes me better when I agree with him.	T	F
38.	He seems to follow almost every feeling I have while I am with him.	T	F
39.	He usually uses just the right words when he tries to understand how I am feeling.	T	F
40.	If it were not for him I would probably never be forced to think about some of the things that trouble me.	T	F
41.	He pretends that he likes me more than he really does.	T	F
42.	He really listens to everything I say.	T	F

43. Sometimes he seems to be putting up a professional front.   T   F

44. Sometimes he is so much "with me" that with only the slightest hint he is able to accurately sense some of my deepest feelings.   T   F

45. I feel safer with him than I do with almost any other person.   T   F

46. His voice usually sounds very serious.   T   F

47. I often cannot understand what he is trying to tell me.   T   F

48. Sometimes he sort of "pulls back" and examines me.   T   F

49. I am afraid of him.   T   F

50. He seems to pressure me to talk about things that are important to me.   T   F

51. Whatever he says usually fits right in with what I am feeling.   T   F

52. He sometimes seems more interested in what he himself says that in what I say.   T   F

53. He tells me things that he does not mean.   T   F

54. He often does not seem to be genuinely himself.   T   F

55. He is a very sincere person.   T   F

56. With him I feel more free to really be myself than with almost anyone else I know.   T   F

57. He sometimes pretends to understand me, when he really does not.   T   F

58. He usually knows exactly what I mean, sometimes even before I finish saying it.   T   F

59. He accepts me the way I am even though he wants me to be better.   T   F

60. Whether I am talking about "good" or "bad" feelings seems to make no real difference in the way he feels toward me.   T   F

61. In many of our talks I feel that he pushes me to talk about things that are upsetting.   T   F

62. He often leads me into talking about some of my deepest feelings.   T   F

63. He usually makes me work hard at knowing myself.   T   F

64. Sometimes I feel like going to sleep while I am talking to him.   T   F

65. He is curious about what makes me act like I do, but he is not really interested in me.   T   F

66. He sometimes completely understands me so that he knows what I am feeling even when I am hiding my feelings.   T   F

67. I sometimes feel safe enough with him to really say how I feel.   T   F

68. I feel I can trust him more than anyone else I know.   T   F

69. Whatever I talk about is okay with him.   T   F

70. He helps me know myself better by sometimes pointing to feelings within me that I had been unaware of.   T   F

71. He seems like a real person, instead of just a teacher.   T   F

72. I can learn alot about myself from talking with him.   T   F

73. In spite of all he knows about me, he seems to trust my feelings about what is right and wrong for me.   T   F

74. Sometimes he is upset when I see him but he tries to hide it.

75. He would never knowingly hurt me.   T   F

76. He is a phony.   T   F

77. He is the kind of person who might lie to me if he thought it might help me.   T   F

78. When he sees me he seems to be "just doing a job".   T   F

79. In spite of the bad things that he knows about me, he seems to still like me.   T   F

80. I sometimes get the feeling that for him the most important thing is that I should really like him.   T   F

81. There is something about the way he reacts to what I tell him that makes me uncertain whether he can keep my confidences to himself.　　T　　F

82. He gives me so much advice I sometimes think he is trying to live my life for me.　　T　　F

83. He never knows when to stop talking about something which is not very meaningful to me.　　T　　F

84. He sometimes cuts me off abruptly just when I am leading up to something very important to me.　　T　　F

85. He frequently acts so restless that I get the feeling he can hardly wait for the day to end.　　T　　F

86. There are lots of things I could tell him, but I am not sure how he would react to them, so I keep them to myself.　　T　　F

87. He constantly reminds me that we are friends though I have a feeling that he drags this into the conversation.　　T　　F

88. He sometimes tries to make a joke out of something I feel really upset about.　　T　　F

89. He is sometimes so rude I only accept it because he is supposed to be helping me.　　T　　F

90. Sometimes he seems to be playing "cat and mouse" with me.　　T　　F

91. He often points out what a lot of help he is giving me even though it does not feel like it to me.　　T　　F

92. It is hard to feel comfortable with him because he sometimes seems to be trying out some new theory on me.　　T　　F

93. He's got a job to do and does it. That's the only reason he does not tell me off.　　T　　F

94. If I had a chance to study under a different instructor, I would.　　T　　F

95. He is always relaxed, I don't think anything could get him excited.　　T　　F

96. I don't think he has ever smiled.　　T　　F

97. He is always the same.   T   F

98. I would like to be like him.   T   F

99. He makes me feel like a guinea pig or some kind
    of animal.   T   F

100. He uses the same words over and over again till
     I'm bored.   T   F

101. Usually I can lie to him and he never knows the
     difference.   T   F

102. He may like me, but he does not like the things I
     talk about.   T   F

103. I don't think he really cares if I live or die.   T   F

104. He does not like me as a person, but continues to
     see me as a student anyway.   T   F

105. I think he is dumb.   T   F

106. He never says anything that makes him sound like
     a real person.   T   F

107. He is alright, but I really don't trust him.   T   F

108. If I make mistakes or miss a class, he really gives
     me trouble about it.   T   F

109. He lets me talk about anything.   T   F

110. He probably laughs about the things that I have
     said to him.   T   F

111. I don't think he knows what is the matter with me.   T   F

112. He sometimes looks as worried as I feel.   T   F

113. He is really a cold fish.   T   F

114. There are times when I don't have to speak, he
     knows how I feel.   T   F

115. If I am happy or if I am sad, it makes no difference
     he is always the same.   T   F

116. He really wants to understand me, I can tell by
     the way he acts.   T   F

117. He knows what it feels like to be ill. T F

118. He must think he is God, the way he talks about things. T F

119. He really wants to understand me, I can tell by the way he asks questions. T F

120. He must think that he is God, the way he treats me. T F

121. He really makes me talk about anything that would be uncomfortable. T F

122. He interrupts me whenever I am talking about something that really means alot to me. T F

123. When I am talking about things that mean a great deal to me, he acts like they don't mean a thing. T F

124. I can tell by his expressions sometimes that he says things he does not mean. T F

125. He really wants me to act a certain way, and says so. T F

126. There are a lot of things that I would like to talk about, but he won't let me. T F

127. He really likes me and shows it. T F

128. I think he could like someone, but I don't think he could love anybody. T F

129. There are times when he is silent for long periods and then says things that don't have much to do with what we have been talking about. T F

130. When he is wrong he doesn't try to hide it. T F

131. He acts like he knows it all. T F

132. If he had his way, he wouldn't walk across the street to see me. T F

133. Often he makes me feel studpid the way he uses strange or big words. T F

134. He must think life is easy the way he talks about my problems. T F

135. You can never tell how he feels about things. t F

136. He treats me like a person.   T   F

137. He seems to be bored by a good deal of what I talk
     about.   T   F

138. He will talk to me, but otherwise he seems pretty
     far away from me.   T   F

139. Even though he pays attention to me, he seems to
     be just another person to talk with, an outsider.   T   F

140. His concern about me is obvious.   T   F

141. I get the feeling that he is all wrapped up in
     what I tell him about myself.   T   F

Please indicate how likely you would be to discuss each of the listed common problems with the counsellor you have just seen, assuming that each one was actually a problem to you. Please do not leave any out. Use the following scale:

                1 = very unlikely
                2 = probably not
                3 = maybe
                4 = probably
                5 = very likely

Please circle the appropriate number:

		very unlikely	probably not	maybe	probably	very likely
1.	Choice of occupation	1	2	3	4	5
2.	Difficulty with grades	1	2	3	4	5
3.	Gaining insight into personal strengths and weaknesses	1	2	3	4	5
4.	Difficult relations with family	1	2	3	4	5
5.	Achieving self-development or fulfilment	1	2	3	4	5
6.	Developing more effective ways of handling personal problems	1	2	3	4	5
7.	Problems in getting along with friends	1	2	3	4	5
8.	Uncomfortable feelings and emotions	1	2	3	4	5
9.	Problems of sexual adjustment	1	2	3	4	5

Have you ever been in hospital because of an emotional problem, or under the care of a psychiatrist?_____

_____

APPENDIX IV

RELATIONSHIP QUESTIONNAIRE SCORING KEY

RELATIONSHIP QUESTIONNAIRE (AND SCORING KEY)[1]

People feel differently about some people than they do about others. There are a number of statements below that describe a variety of ways that one person may feel about another person, or ways that one person may act toward another person. Consider each statement carefully and decide whether it is true or false when applied to your present relationship with your instructor. If the statement seems to be mostly true, then mark it true; if it is mostly not true, then mark it false.

	Accurate Empathy	Nonpossessive Warmth	Genuineness	Overall Therapeutic relationship	Intensity & Intimacy of interpersonal contact	Concreteness
1. He seems to hold things back rather than tell me what he really thinks.			f	f	f	f
2. He understands my words but does not know I feel.	f			f		f
3. He understands me.	t			t		
4. He understands exactly how I see things.	t			t	t	t
5. He is often disappointed in me.		f	t	f		
6. He seems to like me no matter what I say to him.		t	t	t	t	
7. He is impatient with me.		f	t	f		
8. He may understand me but he does not know how I feel.	f			f		f
9. Sometimes he seems interested in me while other times he does not seem to care about me.	f			f	f	
10. He often misunderstands what I am trying to say.	f			f		f
11. He almost always seems very concerned about me.	t			t	t	
12. Sometimes I feel that what he says to me is very different from the way he really feels.			f	f		
13. He is a person you can really trust.	t		t	t		
14. Sometimes he will argue with me just to prove he is right.	f		f	f	f	
15. Sometimes he seems to be uncomfortable with me, but we go on and pay no attention to it.		f	f	f		f
16. Some things I say seem to upset him.		f	t	f		
17. He can read me like a book.	t			t		t
18. He usually is not very interested in what I have to say.		f		f	f	
19. He feels indifferent about me.		f		f	f	
20. He acts too professional.			f	f	f	

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[1] Scale developed by Charles B. Truax during 1963. It is an attempt to translate the previous scales used for ratings objective tape recordings into a questionnaire form that can be answered by the client. In this respect it follows closely the thinking and earlier work of Barrett-Lennard in his development of the relationship inventory.

	Accurate Empathy	Non possessive Warmth	Genuineness	Overall Therapeutic Relationship	Intensity & Intimacy of Interpersonal Contact	Concreteness
21. I am just another student to him.			f	f	f	
22. I feel that I can trust him to be honest		t	t	t		t
with me.	f	f		●	f	f
23. He ignores some of my feelings.		t		f ●		
24. He likes to see me.	t			t		t
25. He knows more about me than I do about myself.	t			t		t
26. Sometimes he is so much "with me" in my feelings, that I am not at all distracted by his presence.	t	t	t	t	t	t
27. I can usually count on him to tell me what he really thinks or feels.			t	t		t
28. He appreciates me.		t		t	t	
29. He sure makes me think hard about myself.				t		t
30. I feel that he is being genuine with me.			t	t		
31. Even when I cannot say quite what I mean, he knows how I feel.	t			t	t	
32. He usually helps me to know how I am feeling by putting my feelings into words for me.	t			t	t	t
33. He seems like a very cold person.		f	f	f	f	
34. He must understand me, but I often think he is wrong.	f			f		f
35. I feel that he really thinks I am worthwhile.		t		t	t	
36. Even if I were to criticize him, he would still like me.		t	t	t	t	
37. He likes me better when I agree with him.		f	t	f		
38. He seems to follow almost every feeling I have while I am with him.	t			t	t	t
39. He usually uses just the right words when he tries to understand how I am feeling.	t			t		t
40. If it were not for him I would probably never be forced to think about some of the things that trouble me.				t		t
41. He pretends that he likes me more than he really does.		f		f		
42. He really listens to everything I say.		t		t	t	
43. Sometimes he seems to be putting up a professional front.			f	f	f	
44. Sometimes he is so much "with me" that with only the slightest hint he is able to accurately sense some of my deepest feelings.	t	t		t	t	t
45. I feel safer with him than I do with almost any other person.		t	t	t		

	Accurate Empathy	Nonpossessive Warmth	Genuineness	Overall Therapeutic Relationship	Intensity & Intimacy of Interpersonal Contact	Concreteness
46. His voice usually sounds very serious.				t	t	
47. I often cannot understand what he is trying to tell me.	f			f		f
48. Sometimes he sort of "pulls bakc" and examines me.			f	f	f	
49. I am afraid of him.		f		f		
50. He seems to pressure me to talk about things that are important to me.				t		t
51. Whatever he says usually fits right in with what I am feeling.	t			t	t	t
52. He sometimes seems more interested in what he himself says than in what I say.	f	f	t	f	f	f
53. He tells me things that he does not mean.			f	f		
54. He often does not seem to be genuinely himself.			f	f		
55. He is a very sincere person.			t	t		
56. With him I feel more free to really be myself than with almost anyone else I know.		t		t		
57. He sometimes pretends to understand me, when he really does not.	f			f	f	f
58. He usually knows exactly what I mean, sometimes even before I finish saying it.	t			t	t	t
59. He accepts me the way I am even though he wants me to be better.		t	t	t		t
60. Whether I am talking about "good" or "bad" feelings seems to make no real difference in the way he feels toward me.		t		t		
61. In many of our talks I feel that he pushes me to talk about things that are upsetting.				t		t
62. He often leads me into talking about some of my deepest feelings.	t			t	t	t
63. He usually makes me work hard at knowing myself.				t	t	t
64. Sometimes I feel like going to sleep while I am talking with him.				f	f	
65. He is curious about what makes me act like I do, but he is not really interested in me.		f		f	f	
66. He sometimes completely understands me so that he knows what I am feeling even when I am hiding my feelings.	t			t	t	
67. I sometimes feel safe enough with him to really say how I feel.		t	t	t		
68. I feel I can trust him more than anyone else I know.		t	t	t		

	Accurate Empathy	Nonpossessive Warmth	Genuineness	Overall Therapeutic Relationship	Intensity & Intimacy of Interpersonal Contact	Concreteness
69. Whatever I talk about is okay with him.		t		t		
70. He helps me know myself better by sometimes pointing to feelings within me that I had been unaware of.	t			t	t	t
71. He seems like a real person, instead of just a teacher.			t	t		
72. I can learn a lot about myself from talking with him.	t			t		t
73. In spite of all he knows about me, he seems to trust my feelings about what is right and wrong for me.		t		t	t	
74. Sometimes he is upset when I see him but he tries to hide it.			f	f		
75. He would never knowingly hurt me.		t		t		
76. He is a phony.			f	f		
77. He is the kind of person who might lie to me if he thought it would help me.		f	f	f		
78. When he sees me he seems to be "just doing a job".	f	f	f	f	f	
79. In spite of the bad things that he knows about me, he seems to still like me.		t	t	t		
80. I sometimes get the feeling that for him the most important thing is that I should really like him.		f		f	f	f
81. There is something about the way he reacts to what I tell him that makes me uncertain whether he can keep my confidences to himself.			f	f		
82. He gives me so much advice I sometimes think he is trying to live my life for me.		f		f		
83. He never knows when to stop talking about something which is not very meaningful to me.	f	f		f	f	
84. He sometimes cuts me off abruptly just when I am leading up to something very important to me.	f	f		f	f	
85. He frequently acts so restless that I get the feeling he can hardly wait for the day to end.		f		f	f	
86. There are lots of things I could tell him, but I am not sure how he would react to them, so I keep them to myself.	f	f		f		
87. He constantly reminds me that we are friends though I have a feeling that he drags this into the conversation.	f	f		f		
88. He sometimes tries to make a joke out of something I feel really upset about.	f	f		f̂		f
89. He is sometimes so rude I only accept it because he is supposed to be helping me.		f		f	f	

	Accurate Empathy	Non possessive Warmth	Genuineness	Overall Therapeutic Relationship	Intensity & Intimacy of Interpersonal Contact	Concreteness
90. Sometimes he seems to be playing "cat and mouse" with me.		f	f	f	f	
91. He often points out what a lot of help he is giving me even though it does not feel like it to me.	f	f		f	f	
92. It is hard to feel comfortable with him because he sometimes seems to be trying out some new theory on me.		f	f	f		
93. He's got a job to do and does it. That's the only reason he does not tell me off.		f	f	f		
94. If I had a chance to study under a different instructor, I would.	f			f		f
95. He is always relaxed, I don't think anything could get him excited.			f	f	f	
96. I don't think he has ever smiled.		f			f	
97. He is always the same.		f		t		
98. I would like to be like him.		t		t		
99. He makes me feel like a guinea pig or some kind of animal.			f	f		
100. He uses the same words over and over again till I'm bored.						
101. Usually I can lie to him and he never knows the difference.	f			f		
102. He may like me, but he does not like the things I talk about.		f		f		
103. I don't think he really cares if I live or die.		f	f	f	f	
104. He does not like me as a person, but continues to see me as a student anyway.		f	f		f	
105. I think he is dumb.	f			f		
106. He never says anything that makes him sound like a real person.			f	f	f	f
107. He is all right, but I really don't trust him.			f	f		
108. If I make mistakes or miss a class, he really gives me trouble about it.		f		f		
109. He lets me talk about anything.		t		t		.
110. He probably laughs about the things that I have said to him.	f		f	f		
111. I don't think he knows what is the matter with me.	f			f		f
112. He sometimes looks as worried as I feel.			t	t		
113. He is really a cold fish.		f	f	f	f	
114. There are times when I don't have to speak, he knows how I feel.	t			t		
115. If I am happy or if I am sad, it makes no difference he is always the same.		t		t		

	Accurate Empathy	Nonpossessive Warmth	Genuineness	Overall Therapeutic Relationship	Intensity & Intimacy of Interpersonal Contact	Concreteness
116. He really wants to understand me, I can tell by the way he acts.				t	t	
117. He knows what it feels like to be ill.	t			t	•	
118. He must think he is God, the way he talks about things.		f	f	f		
119. He really wants to understand me, I can tell by the way he asks questions.				t	t	
120. He must think that he is God, the way he treats me.		f		f		
121. He rarely makes me talk about anything that would be uncomfortable.				f		f
122. He interrupts me whenever I am talking about something that really means a lot to me.	f			f		
123. When I'm talking about things that mean a great deal to me, he acts like they don't mean a thing.		f		f		
124. I can tell by his expressions sometimes that he says things that he does not mean.			f	f		
125. He really wants me to act a certain way, and says so.						
126. There are a lot of things that I would like to talk about, but he won't let me.		f		f		
127. He really likes me and shows it.		t	t	t	t	
128. I think he could like someone, but I don't think he could love anybody.		f		f		
129. There are times when he is silent for long periods and then says things that don't have much to do with what we have been talking about.	f	f		f	f	f
130. When he is wrong he doesn't try to hide it.			t	t		
131. He acts like he knows it all.		f		f		
132. If he had his way, he wouldn't walk across the street to see me.	f	f		f		
133. Often he makes me feel stupid the way he uses strange or big wordsk.	f		f	f		
134. He must think life is easy the way he talks about my problems.	f					
135. You can never tell how he feels about things.			f	f		f
136. He treats me like a person.		t		t	t	
137. He seems to be bored by a good deal of what I talk about.		f			f	
138. He will talk to me, but otherwise he seems pretty far away from me.	f	f		f	f	f
139. Even though he pays attention to me, he seems to be just another person to talk with, an outsider.	f	f		f	f	f
140. His concern about me is very obvious.			t	t	t	
141. I get the feeling that he is all wrapped up in what I tell him about myself.				t	t	

APPENDIX V

MEANS AND STANDARD DEVIATIONS OF

PROBLEM AREA RATINGS FOR

LAY AND PROFESSIONAL COUNSELLORS

MEANS AND STANDARD DEVIATIONS OF

PROBLEM AREA RATINGS FOR

LAY AND PROFESSIONAL COUNSELLORS

	Professional		Lay	
	Mean	S.D.	Mean	S.D.
Choice of occupation	4.69	0.84	4.24	1.31
Difficulty with grades	4.68	0.81	4.31	1.18
Gaining insight into personal strengths and weaknesses	4.87	0.41	4.37	0.88
Difficult relations with family	4.63	0.74	4.46	0.78
Achieving self-development and fulfillment	4.45	0.66	4.35	1.04
Developing more effective ways of handling personal problems	4.60	0.49	4.26	1.17
Problems in getting along with friends	4.42	0.70	4.22	1.14
Uncomfortable feelings and emotions	4.39	0.96	4.06	1.25
Problems of sexual adjustment	3.54	1.27	3.17	1.43

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